

The Urgency of Establishing a Social Welfare Center (Puskesmas) in Cirebon City

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Abstract

This research discusses the urgency of establishing a Social Welfare Center (Puskesmas) in Cirebon City as a response to the ineffectiveness of the social welfare service system faced by the community, even though a Community Social Worker (PSM) unit has been formed which functions as a partner of the Cirebon City Social Service (Dinsos). The research method uses a qualitative approach, namely collecting data through observation, Focus Group Discussion (FGD), and literature review. The informants in this research were PSM and Social Service officers in the field of social protection and security services. The research results show that in Cirebon City, there has not been a Social Health Center that functions as a center for information and data, providing services and an integrated referral system to the community. So PSM, whose function is to help implement social welfare services, cannot play their role effectively. This shows the urgency of establishing a Community Health Center as a forum for social welfare services at the sub-district level. Implementation of services in the Social Health Center uses an Integrated Service and Referral System, namely providing social welfare services collaboratively with the community in dealing with problems and developing existing social welfare potential. So that shared responsibility is created, not only involving the government but the private sector and society.

Keywords: *Social Welfare Center (Puskesmas), Integrated Service and Referral System (SLRT), Urgency.*



A. INTRODUCTION

The development of social welfare and welfare infrastructure in Indonesia has undergone a significant transformation along with the evolution of the country's social, economic, and political systems (Gordon, 2022; Malagón-Aguilera et al., 2020; Thomas et al., 2020). Since independence in 1945, the Indonesian government has fought for development that focuses on improving people's welfare. More social welfare efforts were carried out through wealth redistribution programs and the development of basic infrastructure such as education and health at the beginning of independence. In the 1960s to 1990s, there was a shift in focus toward stronger economic development, with an emphasis on economic growth and the development of physical infrastructure such as roads, bridges, and industry.

There was a significant paradigm shift in social welfare development in Indonesia during the reform era at the end of the 20th century. The government began to pay greater attention to social problems, including poverty, social inequality, and access to essential services. By adopting the concept of sustainable development, the Indonesian government has begun to strengthen welfare infrastructure through

various social protection programs, such as social assistance programs, health insurance, and poverty reduction programs through social services.

The Social Service or Dinsos is a government organization whose function is to provide social welfare services for the community so that people's lives achieve adequate prosperity according to their needs. Implementation is not enough for the government alone to play a role in carrying out service functions, so it requires a collaborative network of partners with the community. Services used to overcome social welfare problems need adequate media or systems so that social services can be more effective (Compton et al., 2020; Ortega-García et al., 2020).

The problems in Cirebon City show that the Social Service already has a network of partners with the community called the Community Social Worker Unit (PSM). In essence, these PSMs are unpaid volunteers who are spread across each sub-district. Each sub-district has 5 (five) PSM. However, the implementation of social welfare carried out by Social Services and PSM still reaps problems, including the provision of social assistance is not on target, data on people experiencing poverty is never updated, there is minimal community participation and incomplete information to the community which causes community access to obtain social services to be hampered. This problem must be addressed immediately by establishing Social Welfare Centers (Puskesmas) in each sub-district. As with public health services, there is a need for a Community Health Center (Puskesmas), which functions as a center for information and health services for the community.

It is hoped that the existence of the Social Health Center can reach social welfare problems in the community, the function of the Social Health Center can be a gateway to social welfare that is easily accessible to the community because it is at the sub-district level. The Social Health Center implements an Integrated Service and Referral System to address community social problems (Araban et al., 2020; Azar et al., 2020). If this system can be implemented well, the implementation of social welfare will become more effective. Institutionally, Puskesmas can play a broader role in collaborating with various parties who have potential sources of welfare, both individual and institutional. So, the function of the Social Health Center can be to provide referrals to certain institutions to overcome problems faced by the community.

Empowerment and social welfare services can be provided by government and non-government institutions to overcome poverty. One of these efforts is through the Integrated Service and Referral System (SLRT), which is tasked with identifying the needs of poor, vulnerable families and those in need of Social Welfare Services (PPKS). Also, through SLRT, the government can collaborate with non-government elements or institutions. As a continuation by the Ministry of Social Affairs, Regulation Number 15 of 2018 concerning the Integrated Referral Service System (SLRT), this synergy of efforts can be carried out through the Social Welfare Center (Puskesmas) as stated in Article 1 Paragraph 3, namely the place tasked with carrying out social service activities together.

This social health center aims to be a coordinating center for comprehensive efforts for social welfare, which includes essential services such as health, education, and other social assistance to improve the welfare and empowerment of the community in Cirebon City. Behind the visible beauty, there is a worrying reality regarding the social welfare of its people. Some residents of Cirebon City still face substantial challenges related to the welfare of the people there. Population growth, changes in socio-economic aspects, and urban dynamics have created severe challenges in the field of social welfare for Cirebon City with its 22 sub-districts. High levels of poverty, real economic disparities, and limited access to health services, education, and social assistance are some of the glaring problems among the people of Cirebon City.

This situation requires serious attention, demands a planned solution, and requires concrete action. The establishment of Social Health Centers has a crucial role in facilitating social services and protection for residents in need, which is expected to have a positive impact on improving their quality of life. Apart from that, Social Health Centers are also needed to become community facilities to access aid programs and bridge them. On social protection services, the establishment of this Social Health Center is urgent.

Researchers will review the urgency and urgent need for establishing a Social Health Center in Cirebon City on the needs found in the field. So, this research can be continued with concrete actions that can improve the social conditions and welfare of the people of Cirebon City by realizing the establishment of a Social Welfare Center (Puskesmas). This research is expected to provide a comprehensive perspective regarding the urgency and positive benefits that can be obtained to realize the establishment of a Social Health Center in Cirebon City.

B. LITERATURE REVIEW

1. Social Welfare Concept

The concept of social welfare refers to efforts to improve the quality of life of individuals and society as a whole; this involves meeting basic needs such as food, clothing, shelter, health, education, and social protection (Arkow, 2020; Hu & Chen, 2020; Melnyk et al., 2021). Social welfare includes the development of social infrastructure, redistribution policies, and support programs that aim to reduce social disparities and increase accessibility to public services beyond just overcoming poverty (Gruß et al., 2021; Sandhu et al., 2021).

Previous studies have highlighted the importance of social well-being in improving mental and physical health, improving quality of life, and strengthening the capacity of individuals and communities to overcome economic and social challenges. For example, research by (Kurniasih et al., 2022), (Bane, 2021), and (Lu et al., 2020) found a strong correlation between levels of economic inequality and social welfare issues such as crime rates, mental health, and life expectancy. These findings suggest that social welfare policies that focus on reducing economic inequality can provide significant benefits to society as a whole. Understanding and implementing

the concept of social welfare is vital in promoting social justice and sustainable development.

Apart from research by (Alazzam et al., 2021), other studies provide important insights into the concept of social welfare. One of them is research conducted by (Terepka, 2020), (Khan et al., 2020) and (Lu et al., 2020), who found that an individual's level of life satisfaction is not only influenced by material factors such as income but also by social factors such as social support, positive interpersonal relationships, and participation in social activities. These findings highlight the importance of taking non-material aspects into account in designing comprehensive social welfare policies.

There is also a longitudinal study by (Romero et al., 2020) and (Yeong-Ran, 2022) which found that although an individual's income increased over time, his level of life satisfaction tended to remain stable; this raises questions about the relationship between economic progress and subjective well-being and emphasizes the need for a holistic approach in measuring and improving social well-being. These studies provide a solid empirical foundation for understanding the complexities of social welfare and designing more effective policy interventions to improve the quality of life for individuals and communities.

2. Role and Function of the Social Welfare Center (Puskesmas)

Social Welfare Centers (Puskesmas) have an essential role in providing social services for people in need. The primary function of the Social Health Center is to provide social protection and support to vulnerable groups such as neglected children, the elderly, people with disabilities, victims of violence, and people experiencing poverty or other social crises (Dillon, 2020; Mukai & Ueno, 2021). Puskesmas is responsible for identifying, evaluating, and handling cases that require social assistance, including providing material assistance, counseling, social rehabilitation, and developing community empowerment programs (Bitler et al., 2020; Kranz et al., 2020).

Previous research has highlighted the critical role of social health centers in improving community welfare. For example, a study by Ramona and Serbanescu (2016) evaluated the effectiveness of services provided by social health centers in Romania and found that the interventions carried out succeeded in improving the social conditions and well-being of individuals who received assistance. This research shows that Community Health Centers can be significant agents of change in dealing with social problems and helping individuals and families achieve greater independence and well-being.

There is also relevant research, namely, the study conducted by (Malagón-Aguilera et al., 2020) (Chiapello & Knoll, 2020) and (Barceló & Sheen, 2020), who evaluated the effectiveness of Puskesmas programs in dealing with poverty problems in Latin America. This research highlights the various strategies used by Puskesmas, such as providing cash assistance, social assistance, skills training, and access to health and education services. Research findings show that these Puskesmas programs have

succeeded in increasing access to essential services and improving the socio-economic conditions of vulnerable families.

These results provide evidence that Community Health Centers can be an effective instrument in reducing poverty and improving community welfare. This research strengthens our understanding of the critical role of Puskesmas in providing social support to those in need, as well as providing a solid empirical basis for the development and improvement of Puskesmas programs in various social and economic contexts.

C. METHOD

This research adopts a qualitative approach, which allows researchers to gain an in-depth understanding of the experience of establishing Social Welfare Centers (Puskesmas) in various regions as a research foundation. The qualitative approach allows for contextual and complex data collection, allowing researchers to explore various factors that influence the process of establishing Social Health Centers, including existing social, political, and cultural dynamics.

Data for this research was collected through focus group discussions (FGD) with various stakeholders involved in the formation of the Social Health Center and Literature Review. FGD participants included government officials, social workers, community activists, and community members involved in the process. FGDs allow for interaction between participants, facilitating the exchange of views, experiences, and a richer understanding of the process of establishing a Social Health Center.

Data analysis was carried out through an inductive approach, where the collected qualitative data was analyzed thematically to identify emerging patterns, themes, and conclusions. The analysis steps include identifying the results of the Focus Group Discussion idea, notifying the main themes, and preparing a narrative that describes the process of establishing the Social Health Center and the factors that influenced it.

D. RESULT AND DISCUSSION

1. The Urgency of Helping Social Health Centers in Cirebon City

The Social Welfare Center (Puskesmas), as stated in Ministry of Social Regulation Number 15 of 2018, article 1, paragraph 3 concerning the Integrated Referral Service System (SLRT), is a place for carrying out social service activities jointly, with synergistic and integrated collaboration between various community groups in village communities, sub-districts, or other areas. The main objective of the Social Health Center is to organize social empowerment programs to increase the level of social welfare through the Integrated Referral Service System (SLRT). According to the field and some data, conditions in Cirebon City have not yet established Social Welfare Centers (Puskesmas) in all sub-districts in Cirebon City, so SLRT is challenging to realize.

In 2021, Cirebon City has 10.03 percent of the poor population (population with monthly per capita expenditure below the Poverty Line), meaning that 31.98 thousand

people out of the total population of Cirebon City will fall into the poor category, as in the data presented below:

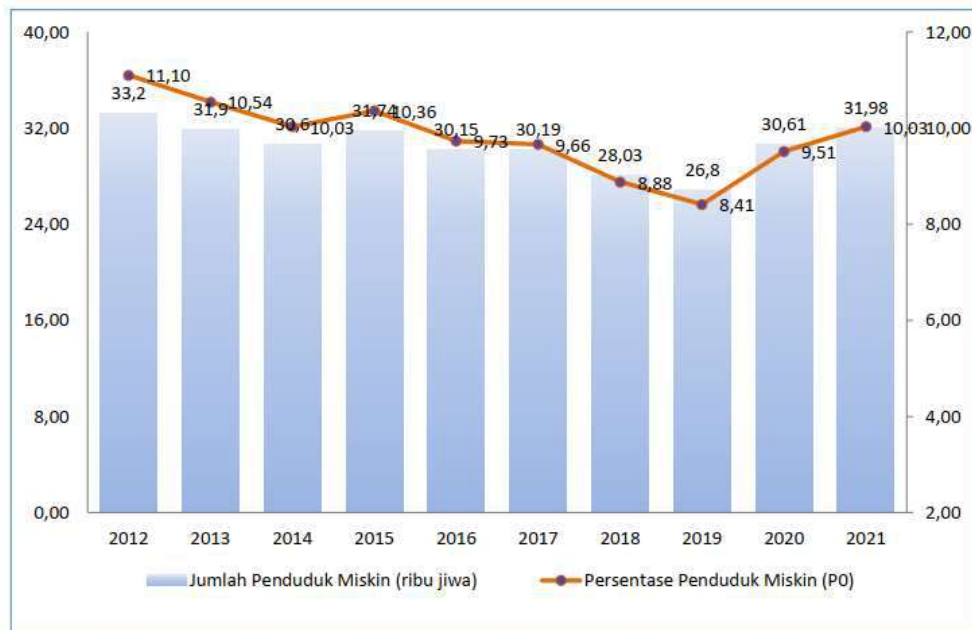


Figure 1. Number and Percentage of Poor Population (2012-2021)

Source: (*Badan Pusat Statistik Kota Cirebon, 2022*)

This data shows that there is a need for the community to optimize the Integrated Referral Service System (SLRT) in the form of a Social Welfare Center (Puskesmas). In the graph, it can be seen that there are dynamics in numbers with a contrasting decline in 2019, until then gradually increasing to extremes following COVID-19, which hit Indonesia in general, especially Cirebon City so that the needs of the number of poor people gradually increased.

The Social Welfare Center (Puskesmas) functions as a place to provide services to individuals who are poor or socially and economically vulnerable as part of a social protection strategy, which is very necessary for the process of providing social welfare services (Benzell et al., 2020; Gardner et al., 2020). Through the Social Health Center, all social issues can be accessed to improve community welfare in an integrated and structured manner. Social Health Centers represent the presence of the government to reduce poverty and reduce the burden on people's lives, as well as improve their general conditions, as is the urgency of optimizing social health center education in Cirebon City (Center for Research and Development of Social Welfare, Ministry of Social Affairs of the Republic of Indonesia & Habibullah, 2020).

This need is also empirically proven by the results of observations in the field during meetings of Community Social Workers (PSM) throughout Cirebon City, which has relevance to the urgency of establishing a Social Health Center in Cirebon City. Namely, First, the need for communication intensification. Community Social Workers (PSM) and District Social Welfare Workers (TKSK) have been established in the community. They even become volunteers for Social Service, but

miscommunication often occurs between these two workers, so wrong decisions often occur. Second, there is a need for data support.

Several statements by Community Social Workers (PSM) and Family Hope Program (PKH) actors stated that there were difficulties in the process of distributing aid from the Central Ministry of Social Affairs due to the lack of neatness and availability of data. This can be overcome by optimizing the Social Welfare Center (Puskesmas). Third, less than optimal financial assistance. Community Social Workers (PSM) in the Cirebon City Community Social Worker (PSM) meeting forum explained that there were Social Welfare Service Recipients (PPKS) who were lost outside the city and turned out to be the residents of Cirebon City. The following case is that there are senior citizens (seniors) who are alone and suffering from illness, so special care is needed by renting services or special financing. These three needs show the urgency of establishing a Social Welfare Center (Puskesmas) in Cirebon City.

2. Focus Group Discussion Results

The results of the Focus Group Discussion (FGD) with various stakeholders involved in the establishment of the Social Welfare Center (Puskesmas) in Cirebon City illustrate a variety of relevant perspectives and understandings related to this process. The following is a summary of the results of the Focus Group Discussion (FGD) with various stakeholders involved in the process of establishing a Social Welfare Center (Puskesmas) in Cirebon City:

- a. **Government Role:** Government officials emphasized the importance of the government's active role in establishing and supporting the operations of Social Health Centers. They highlighted the government's commitment to providing funding, supporting regulations, and coordination between agencies to ensure the success of the Social Health Center.
- b. **Technical Challenges:** Social workers identified several technical challenges faced in establishing Social Health Centers, including limited human resources, inadequate infrastructure, and problems related to administration and data management.
- c. **Community Participation:** Community activists highlighted the importance of actively involving the community in the process of establishing Social Health Centers. They emphasized the need for transparency, accountability, and active community participation in identifying social problems that need to be addressed by the Community Health Center.
- d. **Community Needs:** Community members emphasized the importance of the Social Health Center being responsive to the real needs of the community. They underscored the need for holistic and inclusive service provision, taking into account the social, economic, and cultural diversity of the region.
- e. **Inter-agency Collaboration:** All FGD participants agreed that inter-agency collaboration is the key to the success of the Social Health Center. They highlighted the importance of cross-sector collaboration and synergy between government, social institutions, and civil society in supporting the operations

of Social Health Centers and achieving a more significant impact in improving community welfare.

Government officials said that they considered the Puskesmas to be an initiative that the local government fully supported. This is reflected in the government's commitment to providing the financial resources, supporting regulations, and cross-agency coordination needed to ensure the success of the Social Health Center. Local governments are also expected to play an active role in ensuring the availability of adequate infrastructure and overcoming various administrative obstacles that may arise during the process of establishing and operationalizing Social Health Centers.

Social Officers identified various technical challenges faced in the process of establishing Social Health Centers; these included limited human resources, inadequate infrastructure, as well as problems related to administration and data management. Addressing these challenges is considered essential to ensure the smooth operation of Puskesmas and the provision of adequate services to the community.

Community activists emphasize the importance of community participation in the process of establishing and managing Social Health Centers. They highlighted the need for transparency, accountability, and active community participation in identifying social problems that need to be addressed by Puskesmas. Collaboration and open dialogue between government, social institutions, and civil society are considered essential foundations for building social health centers that are inclusive and responsive to community needs.

Community members emphasized the need for Social Health Centers to provide holistic and inclusive services, taking into account the social, economic, and cultural diversity of the area. They highlight the importance of providing services that are sensitive to the unique needs of vulnerable groups, such as neglected children, the elderly, and people with disabilities (Mayer, 2023).

The results of the FGD highlight the importance of the collaborative role between government, social institutions, civil society, and communities in building and managing Social Health Centers. This joint effort is expected to improve the accessibility, quality, and impact of social services provided by Puskesmas, as well as strengthen social networks and overall community welfare.

3. Case Study: Experience of Establishing Social Health Centers in Other Areas

Social Welfare Centers (Puskesmas) play a crucial role in providing social assistance to individuals and families in need. It is essential to understand the experiences and challenges faced by other regions in establishing and managing Social Health Centers. Through case studies, we can explore valuable lessons that can be applied in the development of social health centers in other regions, as well as evaluate effective strategies for achieving social welfare goals. This case study will describe the experience of establishing Social Health Centers in several regions, highlight the factors that influence success or failure, and provide insight into the best principles that can be applied in the context of social welfare development at the local level.

a. "As-Salam" Social Health Center, Bandung Regency

The "As-Salam" Social Welfare Center in Katapang Village, Katapang District, Bandung Regency, was immediately studied by Dwi Heru Sukoco; this study discusses the effectiveness of the "As-Salam" Social Welfare Center in Katapang Village, Bandung Regency, in providing access to social protection and poverty reduction programs. The research results show that the "As-Salam" Social Welfare Center has succeeded in becoming an information and data center, providing services and referrals, as well as facilitating the updating of Integrated Social Welfare Data (DTKS). Even though there are still several obstacles in the socialization of social protection programs and collaboration with other parties, the "As-Salam" Social Health Center has been able to become a reasonably practical service center for low-income families in accessing Center for Education and Policy Studies (PSPK) programs (Sukoco, 2021).

b. Social Health Center in Abeli Dalam Village

The services of the Social Welfare Center in Abeli Dalam, Puuwatu District, Kendari City, in Poverty Alleviation, were studied academically, and the results showed that the Social Health Center there was running and had a positive impact. The results of this research have a good impact on society, showing that the Social Health Center in Abeli Dalam Subdistrict provides various programs such as the Healthy Indonesia Card (KIS), Family Hope Program (PKH), Non-Cash Food Assistance (BPNT), and Cash Social Assistance (BST) to individuals /low-income families/households. This Puskesmas service has a positive impact on community welfare and poverty alleviation, as well as fulfilling the community's right to access health services, education, essential food assistance, and cash social assistance. This research also shows that Information Technology supports the Puskesmas program in providing services (Maudy & Hermalinda, 2022).

c. Griya Sejahtera Sumber Social Health Center

The following social health center that can be used as inspiration is the Griya Sejahtera Social Health Center in Sumber Village, Sumber District, Cirebon Regency, which Nurlaili Khikmawati researched. The results of the research show that several roles of social centers in handling COVID-19 in the Sumber Subdistrict are tracing, collecting data on people affected by COVID-19, collecting data on recipients of social assistance from the government, making certificates of incapacity, archiving data, and distributing aid provided by the government. In its implementation, the Griya Sejahtera Social Health Center has several obstacles, including the limited number of members and administrators of the social health center, the lack of socialization about the social health center to the community, and the limited infrastructure of the social health center to support work programs (Khikmawati, 2022).

4. Implementation Challenges and Strategies

The establishment of Social Welfare Centers (Puskesmas) is often faced with various complex challenges. One of the main challenges faced is limited resources, both in terms of financial and human resources. These limited resources can slow down the process of establishing Social Health Centers and hinder the effective operation of services. Administrative challenges such as complex permits and regulations can also become obstacles in the process of establishing a Social Health Center. Other challenges also exist in inadequate infrastructure, especially in terms of information and communication technology, which is also a problem that needs to be overcome in providing efficient and affordable services.

Social Health Centers are also faced with external challenges, such as the complexity of various social problems and local political and cultural dynamics that influence the process of establishing and operationalizing Social Health Centers. In overcoming these challenges, cross-sector collaboration and active participation from the community are the keys to ensuring the success of the Social Health Center in providing quality services that are responsive to community needs. By identifying and overcoming these challenges, it is hoped that the Social Health Center can become an influential institution in improving social welfare and overcoming various social problems in society.

A practical implementation strategy in establishing and operating a Social Welfare Center (Puskesmas) involves several key steps that can improve the Puskesmas' ability to provide quality and relevant services to people in need:

a. Cross-Sector Collaboration

Cross-sector collaboration is the foundation for ensuring the success of Social Health Centers by involving local governments, non-governmental organizations, the private sector, and civil society in the planning, management, and operational funding of Social Health Centers being key. This collaboration allows various parties to contribute their expertise, resources, and experience to achieve the common goal of providing practical and relevant social welfare services to the community (Dutta & Fischer, 2021).

b. Active Community Participation

Community participation is essential in ensuring that the Community Health Center truly serves the community's needs and aspirations appropriately. Through active participation in every stage of the process, from planning to evaluation, the community can express their opinions, needs, and hopes. Public consultation forums, feedback mechanisms, and the establishment of a network of volunteers and local partners are effective means of involving the community in decision-making related to Social Health Centers (Papouli et al., 2020).

c. Strengthening Internal Capacity

Puskesmas needs to strengthen its internal capacity to improve the quality and effectiveness of the services provided; this includes staff training to improve their skills and knowledge in providing social welfare services. The

development of efficient management systems and investment in information and communications technology are also necessary to ensure smooth operations and accurate data management (Rho et al., 2020).

d. Service Model Development

Developing inclusive and sustainable service models is an essential strategy in responding to various community needs. This service model must take into account the unique needs of vulnerable groups and apply a holistic approach to dealing with social problems. Puskesmas can provide comprehensive and relevant services for all levels of society (Nyashanu et al., 2020).

e. Evaluation and Monitoring

Continuous evaluation and monitoring of the performance and impact of Community Health Centers is a critical step to ensure that the programs implemented are effective and in line with community needs. Areas of improvement can be identified, and corrective actions can be taken to increase the efficiency and effectiveness of the Social Health Center through this evaluation. accountability towards the community and other stakeholders is also guaranteed through a transparent and continuous evaluation and monitoring process (Dinh & Nguyen, 2020). By implementing this implementation strategy in a holistic and integrated manner, it is hoped that Puskesmas can become an influential institution in promoting social welfare and overcoming social problems in society.

E. CONCLUSION

The conclusion of this research shows that although efforts to organize social welfare involving Social Services and PSM are positive steps, there are still several challenges that hinder its effectiveness. One of the main problems is the lack of accuracy of poverty data, which is not updated regularly so social assistance is not on target, and many Beneficiary Groups (KPM) who have been upgraded are not adequately accommodated. Apart from that, community access to social welfare services is also hampered by the long distance to Social Service offices and the lack of clear information about available programs. The establishment of a Social Welfare Center (Puskesmas) in Cirebon City is critical and urgent. By implementing an Integrated Service and Referral System (SLRT), the Puskesmas can become a formal institution that is effective in reaching out to networks with individuals and other institutions so that the provision of social welfare services can be more effective and targeted.

REFERENCES

1. Alazzam, M. B., Al-Khatib, H., Mohammad, W. T., & Alassery, F. (2021). E-health system characteristics, medical performance, and healthcare quality at Jordan's health centers. *Journal of Healthcare Engineering*, 2021.

2. Araban, M., Karimy, M., Armoon, B., & Zamani-Alavijeh, F. (2020). Factors related to childbearing intentions among women: a cross-sectional study in health centers, Saveh, Iran. *Journal of the Egyptian Public Health Association*, 95, 1–8.
3. Arkow, P. (2020). Human–animal relationships and social work: opportunities beyond the veterinary environment. *Child and Adolescent Social Work Journal*, 37(6), 573–588.
4. Azar, F. E. F., Solhi, M., & Chabaksvar, F. (2020). Investigation of the quality of life of patients with hypertension in health centers. *Journal of Education and Health Promotion*, 9.
5. Bane, M. J. (2021). *Who will provide? The changing role of religion in American social welfare*. Routledge.
6. Barceló, J., & Sheen, G. C.-H. (2020). Voluntary adoption of social welfare-enhancing behavior: Mask-wearing in Spain during the COVID-19 outbreak. *PloS One*, 15(12), e0242764.
7. Benzell, S. G., Collis, A., & Nicolaides, C. (2020). Rationing social contact during the COVID-19 pandemic: Transmission risk and social benefits of US locations. *Proceedings of the National Academy of Sciences*, 117(26), 14642–14644.
8. Bitler, M., Hoynes, H. W., & Schanzenbach, D. W. (2020). *The social safety net in the wake of COVID-19*. National Bureau of Economic Research.
9. Chiapello, E., & Knoll, L. (2020). The welfare conventions approach: A comparative perspective on social impact bonds. *Journal of Comparative Policy Analysis: Research and Practice*, 22(2), 100–115.
10. Compton, M. T., Bakeman, R., Capulong, L., Pauselli, L., Alolayan, Y., Crisafio, A., King, K., Reed, T., Broussard, B., & Shim, R. (2020). Associations between two domains of social adversity and recovery among persons with serious mental illnesses being treated in community mental health centers. *Community Mental Health Journal*, 56, 22–31.
11. Dillon, N. (2020). *Radical inequalities: China's revolutionary welfare state in comparative perspective*. Brill.
12. Dinh, L. P., & Nguyen, T. T. (2020). Pandemic, social distancing, and social work education: Students' satisfaction with online education in Vietnam. *Social Work Education*, 39(8), 1074–1083.
13. Dutta, A., & Fischer, H. W. (2021). The local governance of COVID-19: Disease prevention and social security in rural India. *World Development*, 138, 105234.
14. Gardner, W., States, D., & Bagley, N. (2020). The coronavirus and the risks to the elderly in long-term care. *Journal of Aging & Social Policy*, 32(4–5), 310–315.
15. Gordon, J. S. (2022). Holistic health centers in the United States. In *Alternative medicines* (pp. 229–251). Routledge.
16. Gruß, I., Bunce, A., Davis, J., Dambrun, K., Cottrell, E., & Gold, R. (2021). Initiating and implementing social determinants of health data collection in community health centers. *Population Health Management*, 24(1), 52–58.
17. Hu, L., & Chen, Y. (2020). Fair classification and social welfare. *Proceedings of the 2020 Conference on Fairness, Accountability, and Transparency*, 535–545.

18. Khan, J., Hildingsson, R., & Garting, L. (2020). Sustainable welfare in Swedish cities: Challenges of eco-social integration in urban sustainability governance. *Sustainability*, 12(1), 383.
19. Khikmawati, N. (2022). Pusat Kesejahteraan Sosial (PUSKESOS) Griya Sejahtera dan Program Penanganan COVID-19 di Kelurahan Sumber Kecamatan Sumber Kabupaten Cirebon. *Empower: Jurnal Pengembangan Masyarakat Islam*, 7(1), 56–68. <http://dx.doi.org/10.24235/empower.v7i1.10165>
20. Kranz, A. M., Mahmud, A., Agniel, D., Damberg, C., & Timbie, J. W. (2020). Provision of social services and health care quality in US community health centers, 2017. *American Journal of Public Health*, 110(4), 567–573.
21. Kurniasih, D., Setyoko, P. I., & Saputra, A. S. (2022). Public Health Center Performance during Covid-19 Pandemic: What are The Contribution of Knowledge Sharing, Work Motivation, Transformational Leadership and Organizational Citizenship Behavior? *Journal of Industrial Engineering & Management Research*, 3(6), 148–168.
22. Lu, Q., Cai, Z., Chen, B., & Liu, T. (2020). Social policy responses to the Covid-19 crisis in China in 2020. *International Journal of Environmental Research and Public Health*, 17(16), 5896.
23. Malagón-Aguilera, M. C., Suñer-Soler, R., Bonmatí-Tomas, A., Bosch-Farré, C., Gelabert-Viella, S., Fontova-Almató, A., Grau-Martín, A., & Juvinyà-Canal, D. (2020). Dispositional optimism, burnout and their relationship with self-reported health status among nurses working in long-term healthcare centers. *International Journal of Environmental Research and Public Health*, 17(14), 4918.
24. Maudy, A., & Hermalinda, S. (2022). *Pelayanan Pusat Kesejahteraan Sosial Dalam Penanggulangan Kemiskinan*. 4. <https://doi.org/10.0602/econetica.v4i2>
25. Mayer, V. (2023). When do we go from here? Data center infrastructure labor, jobs, and work in economic development time and temporalities. *New Media & Society*, 25(2), 307–323.
26. Melnyk, N., Maksymchuk, B., Gurevych, R., Kalenskyi, A., Dovbnya, S., Groshovenko, O., & Filonenko, L. (2021). The establishment and development of professional training for preschool teachers in western European countries. *Revista Romaneasca Pentru Educatie Multidimensionala*, 13(1), 208–233.
27. Mukai, Y., & Ueno, H. (2021). Establishment and implementation of cancer genomic medicine in Japan. *Cancer Science*, 112(3), 970–977.
28. Nyashanu, M., Pfende, F., & Ekpenyong, M. (2020). Exploring the challenges faced by frontline workers in health and social care amid the COVID-19 pandemic: experiences of frontline workers in the English Midlands region, UK. *Journal of Interprofessional Care*, 34(5), 655–661.
29. Ortega-García, J. A., Ruiz-Marín, M., Cárceles-Álvarez, A., i López, F. C., & Claudio, L. (2020). Social distancing at health care centers early in the pandemic helps to protect population from COVID-19. *Environmental Research*, 189, 109957.

30. Papouli, E., Chatzifotiou, S., & Tsairidis, C. (2020). The use of digital technology at home during the COVID-19 outbreak: Views of social work students in Greece. *Social Work Education*, 39(8), 1107–1115.
31. Rho, H. J., Brown, H., & Fremstad, S. (2020). A basic demographic profile of workers in frontline industries. *Center for Economic and Policy Research*, 7(10).
32. Romero, L., Pao, L. Z., Clark, H., Riley, C., Merali, S., Park, M., Eggers, C., Campbell, S., Bui, C., & Bolton, J. (2020). Health center testing for SARS-CoV-2 during the COVID-19 pandemic—United States, June 5–October 2, 2020. *Morbidity and Mortality Weekly Report*, 69(50), 1895.
33. Sandhu, S., Xu, J., Blanchard, L., Eisenson, H., Crowder, C., Munoz, V. S., Drake, C., & Bettger, J. P. (2021). A community resource navigator model: utilizing student volunteers to integrate health and social care in a community health center setting. *International Journal of Integrated Care*, 21(1).
34. Sukoco, D. H. (2020). Efektivitas Sistem Layanan dan Rujukan Terpadu “Sabilulungan” Kabupaten Bandung. *Pekerjaan Sosial*, 19(1), Article 1. <https://doi.org/10.31595/peksos.v19i1.258>
35. Thomas, C. L., Price, O. A., Phillippi, S., & Wennerstrom, A. (2020). School-based health centers, academic achievement, and school discipline: A systematic review of the literature. *Children and Youth Services Review*, 118, 105467.
36. Torres-Pagán, L., & Terepka, A. (2020). School-based health centers during academic disruption: Challenges and opportunity in urban mental health. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S276.
37. Yeong-Ran, P. (2022). ICT and social welfare in Korea. *Digital Transformation and Social Well-Being: Promoting an Inclusive Society*.