

INTEGRATED TRI-DOMAIN MODEL (SOCIAL-LEGAL-HEALTH) FOR BUILDING COMMUNITY RESILIENCE IN THE ERA OF GLOBAL HEALTH CRISES

Aris Prio Agus Santoso^{1*}, Rezi², Domingos Soares³, Oktavia Ayu Sekar Astuti⁴

Universitas Duta Bangsa Surakarta, Indonesia^{1,2,4}

Instituto Superior Cristal, Timor Leste³

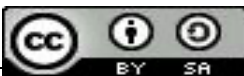
*Correspondence Email : arisprio_santoso@udb.ac.id

ABSTRACT

The absence of a model that simultaneously integrates the social, legal, and health dimensions hinders efforts to build community resilience in the era of global health crises. This study develops the Integrative Tridomain Model (Social-Legal-Health) to design comprehensive interventions that sustainably strengthen community resilience amid global health crises. Employing a conceptual approach with a descriptive orientation, this research constructs the Integrative Tridomain Model through a systematic synthesis of cross-disciplinary literature to broaden the understanding of community resilience in the context of global health emergencies. The findings indicate that the development of the Integrative Tridomain Model marks a paradigmatic leap in conceptualizing and fostering community resilience during global health crises. The model offers an epistemological synthesis that unites social, legal, and health knowledge; an ontological framework that perceives resilience as a systemic and relational entity; and an axiological foundation that prioritizes humanitarian values, justice, and sustainability as its core objectives. By merging the strengths of these three domains, the model not only addresses existing challenges but also shapes a more adaptive and inclusive order, enabling communities to endure and thrive in the face of complex and recurrent uncertainties.

KEYWORDS

Community Resilience, Integrative Tridomain Model, Global Health Crisis.



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INTRODUCTION

Global health crises have exposed fundamental weaknesses in the social, legal, and health systems of many countries. Social inequalities, weak law enforcement, and limited

access to healthcare exacerbate the impact of crises and hinder societal recovery (Hall et al., 2023). These challenges underscore that community resilience cannot be built solely through sectoral approaches; rather, it requires an integrative framework that simultaneously incorporates three key domains: social, legal, and health (Abid & Haq, 2025). In the social domain, social determinants of health, such as education, social support, and resource availability play a critical role in strengthening community capacity to withstand crises (Jeon, 2024). In the legal domain, adaptive regulations, consistent law enforcement, and responsive public policies are essential to maintaining order and protecting citizens' rights during times of crisis (Moya & Goenechea, 2024). Synergy between these two aspects can form a normative and structural framework that supports community resilience.

In Indonesia, the WHO reported that by mid-2024, nearly 150,000 dengue cases and 884 deaths had been recorded, with Central Java among the most affected regions (17,636 cases; 144 deaths). Cross-sectoral follow-up through multisource collaborative surveillance was consolidated between April and May 2025 to enhance early warning and response mechanisms (World Health Organization, 2025). In Timor-Leste, the Ministry of Health recorded approximately 500 cases and 5 deaths in the first quarter of 2025, the majority among young children, with about half originating from Dili. In response, authorities and partners launched Wolbachia interventions and strengthened community-based prevention initiatives throughout 2024–2025 (Tatoli, 2025; World Mosquito Program, 2024; World Mosquito Program, 2025).

From a health perspective, the salutogenesis model emphasizes the importance of building both internal and external capacities to maintain health even under conditions of severe stress (Antonovsky, 1996). Community-based interventions such as the Community Resiliency Model (CRM) have been shown to improve mental well-being and adaptive capacity through interoceptive awareness techniques, which can be readily implemented at the community level (Grabbe et al., 2023).

Active community participation remains a vital component in strengthening social and health resilience while also reinforcing legal legitimacy at the local level (Moya & Goenechea, 2024). Participatory approaches involving shared decision-making and engagement of local actors foster the creation of more context-specific and sustainable policies and programs (Abid & Haq, 2025). This aligns with evidence suggesting that communities with high levels of involvement in decision-making are more adaptive in the face of change.

Several studies have examined community resilience from single-sector perspectives. For example, Hall et al. (2023) explored the relationship between social capital and mental health in emergency health responses but did not incorporate legal dimensions. Jeon (2024) addressed social determinants of health without linking them to law enforcement strategies. Grabbe et al. (2023) focused on community-based mental health interventions but overlooked the socio-legal context. This gap reveals the absence of a model that explicitly integrates social, legal, and health dimensions in building community resilience during global health crises.

The development of the Integrative Tridomain Model is expected to make a significant contribution to designing comprehensive interventions for the global health crisis era. By assessing impacts across social, legal, and health aspects simultaneously, this research provides a valuable reference for policymakers, health practitioners, and legal institutions seeking to build sustainable community resilience strategies (Hall et al., 2023). Moreover, the model can be tested across diverse cultural and geographical contexts to ensure its relevance and effectiveness.

RESEARCH METHOD

This study employs a descriptive method with a conceptual approach to develop the Integrative Tridomain Model (Social–Legal–Health) for building community resilience in the era of global health crises. The primary focus is to formulate a novel concept derived from the development and integration of previously fragmented concepts that have largely been confined to single-sector frameworks. The research process involves an in-depth literature review, the construction of a theoretical framework, and critical analysis of relevant literature across the social, legal, and health domains. This approach enables the systematic combination of literature review, theoretical analysis, and synthesis of new ideas, resulting in a conceptual model that not only updates but also expands the scope of understanding of community resilience from a multidomain perspective.

RESULT AND DISCUSSION

Theoretical approaches to community resilience initially emerged within single-domain frameworks, in which the social, legal, and health dimensions were examined separately. In social capital theory, resilience is conceptualized as the product of strong social networks, interpersonal trust, and active community participation (Hall et al., 2023). Public law theory, by contrast, emphasizes the role of the rule of law and regulatory frameworks in ensuring the protection of fundamental rights during crises (Moya & Goenechea, 2024). Meanwhile, public health theory focuses on prevention, health promotion, and clinical interventions as the core components of community endurance (Grabbe et al., 2023). While each domain holds distinct strengths, they frequently operate independently without systemic integration.

Subsequent developments introduced theoretical models attempting to integrate two domains, such as the social determinants of health framework, which bridges social and health dimensions (Jeon, 2024); the right-to-health framework, which connects legal systems with healthcare structures (Purnama et al., 2025); and access-to-justice frameworks linking law with social equity for vulnerable groups (Moya & Goenechea, 2024). Although such dual-domain approaches offer broader perspectives than single-domain models, they still fail to fully address the complex realities of global health crises, which involve multi-level interactions between communities, legal systems, and health infrastructures. The limitations of both single and dual-domain approaches become evident in the context of COVID-19, dengue outbreaks, and the resurgence of mpox in Southeast Asia (World Health Organization, 2025; Tatoli, 2025), where social, legal, and health factors operate simultaneously, and a breakdown in one domain can weaken the overall crisis response.

Global health crises do not manifest merely as medical events; they also reflect the fragility of social and legal orders in an interconnected world. Events such as the COVID-19 pandemic, recurrent dengue outbreaks, and the re-emergence of previously contained infectious diseases reveal that public health cannot be disentangled from the social ecosystems and legal structures in which it is embedded. From a philosophical standpoint, such crises test not only physical endurance but also collective resilience the capacity of a community to recover after being shaken by waves of uncertainty.

Historically, efforts to build community resilience have often been trapped in partial approaches. Social approaches promote the strengthening of interpersonal networks but may fail to ensure adequate legal protection. Legal approaches provide normative clarity but are often disconnected from the lived dynamics of communities. Health approaches address physical and mental recovery but may be hindered by social inequalities and weak regulatory enforcement. This partial paradigm is akin to attempting

to heal a deep wound with only a single medical instrument while the problem penetrates physical, psychological, and social layers.

Global health crises are, by their nature, multidomain phenomena. Epidemics demand not only the provision of vaccines or medical services but also fair public policy and social solidarity capable of maintaining cohesion under pressure. Each domain is interdependent: the failure of one triggers the failure of others. For instance, a well-designed health policy loses effectiveness if public trust in legal institutions is low or if social networks are weak. This complexity necessitates a theoretical lens capable of perceiving the interplay of the three domains simultaneously.

From an epistemological perspective, the Integrative Tridomain Model is grounded in the conviction that resilience knowledge cannot emerge from a single discipline. Social knowledge provides insights into collective behavior; legal knowledge ensures legitimacy and the protection of rights; and health knowledge offers the scientific basis for preventive and clinical interventions. This epistemological integration requires cross-disciplinary methods in which data, theories, and practices inform one another to create a more comprehensive understanding.

Born out of the limitations of single- and dual-domain models, the Integrative Tridomain Model (Social–Legal–Health) does not simply sum up three aspects but weaves them into an epistemological unity in which each domain reinforces the others. In this paradigm, health is viewed as a human right guaranteed by law, strengthened by social cohesion, and supported by a responsive health system. The reciprocal relationships between domains ensure that improvements in one area generate positive resonance in the others.

Ontologically, the model views community resilience as a systemic and relational entity. Resilience is not merely the sum of individual capacities but a network of interactions between social values, legal structures, and health mechanisms. Its essence lies in the “state” that emerges when these three domains interact harmoniously, producing a social reality capable of enduring and adapting in the face of crises.

Within the tridomain framework, the social dimension serves as the emotional and cultural foundation of the community. Solidarity, trust, and civic participation act as buffers that absorb the shocks of crises. A strong base of social capital ensures that legal measures and health interventions are not only formally accepted but also internalized by citizens as part of their collective identity. Without this social foundation, law becomes mere text and health becomes an impersonal service.

In this model, law is not simply a compilation of statutes but a system of values that provides legitimacy and fairness in crisis management. Clear regulations, just enforcement, and the protection of vulnerable groups ensure that crises do not exacerbate social inequalities. Within the tridomain paradigm, law guarantees that social solidarity and health services operate within a framework that respects human dignity, prevents discrimination, and upholds the principle of equality.

Health occupies the central objective of the tridomain model, yet it is no longer conceived narrowly as a medical matter. It encompasses physical, mental, and environmental health, all of which require social support and legal protection. Responsive health services in this model not only deliver treatment but also empower communities to become active agents in safeguarding their own well-being.

The strength of the Integrative Tridomain Model lies in its ability to create resonance across domains. For example, a health campaign protected by anti-disinformation regulations and supported by community networks will have greater reach and sustainability. Likewise, legal policies shaped through public participation will be more

widely accepted and effectively implemented. This resonance generates positive feedback loops that accelerate recovery and strengthen resilience.

From an axiological standpoint, the primary value of this model lies in its capacity to create sustainable social benefits. Its purpose is not only to respond to crises but also to build adaptive, ethical, and inclusive socio-legal-health structures. The model thus provides a dual contribution: first, protecting the lives and well-being of communities; second, reinforcing social and legal orders as a long-term legacy for future generations.

In an era of increasingly unpredictable global health crises, this model offers an adaptive and sustainable framework. Its guiding philosophy is rooted in the awareness that human health cannot be separated from social relations and legal guarantees. By integrating these three domains, community resilience becomes not merely a temporary emergency project but a long-term investment in collective endurance. The Integrative Tridomain Model is, therefore, not only a response to today's crises but also a compass for navigating the storms of the future.

CONCLUSION

In conclusion, the development of the Integrative Tridomain Model (Social–Legal–Health) represents a paradigmatic leap in understanding and fostering community resilience in the era of global health crises. This model offers an epistemological synthesis that unites social, legal, and health knowledge; an ontological framework that conceives resilience as a systemic and relational entity; and an axiological foundation that places human dignity, justice, and sustainability as its ultimate goals. By integrating the strengths of these three domains, the model not only responds to current challenges but also shapes a more adaptive and inclusive order, enabling communities to withstand and thrive despite the complex and recurrent uncertainties of the future.

Based on the findings, it is recommended that the development of the Integrative Tridomain Model (Social–Legal–Health) be directed toward strengthening cross-sectoral capacity through sustained collaboration among government, academia, civil society organizations, and healthcare providers, supported by interdisciplinary research and integrated curricula in higher education. Evidence-based policy reform is necessary to ensure crisis responses that are adaptive, inclusive, and equitable, reinforced by strong social capital and a transparent, integrated information system. The implementation of this model should be grounded in epistemological, ontological, and axiological approaches, ensuring that every intervention is not only technically effective but also morally meaningful, protective of human rights, and capable of fostering sustainable community resilience.

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