ORIGINAL ARTICLE

Are Filipinos Ready for Long-term Care? A Qualitative Study on Awareness, Perspectives, and Challenges of Relevant Organizations, Community Leaders, Carers, and Older Persons in Select Sites in the Philippines

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ABSTRACT

Background and Objectives. With the global population aging, there is an emerging need for access to quality long-term care (LTC) services. Many countries have developed LTC systems while others are at the infancy stage. This paper aimed to provide an overview of the country's readiness for LTC based on the perspectives of relevant stakeholders. Specifically, it described the roles, initiatives, and challenges of relevant organizations and community leaders for LTC provision. It also described the older persons (OPs) and carers' perspectives towards LTC including their awareness, capacity, and preferences.

Methods. The study utilized a descriptive design using qualitative methods of data collection namely key informant interviews (KIIs) and focus group discussions (FGDs). Participating institutions and their designated representatives were purposively sampled as key informants. OPs and carers from select barangays in NCR and Region IVA participated in the FGDs. Guided by the interpretivism approach, thematic analysis was performed. A trained research assistant coded the FGD and KII transcripts through the Nvivo PRO plus software and verified by the first author. Themes were reviewed and validated by the multidisciplinary team.

Results. A total of 15 KIIs and two FGDs were conducted. The participating institutions and organizations were found to have varied roles and initiatives relevant to LTC; from strategic planning, development of policies and standards of care, training and capacity-building, and up to the actual implementation of LTC services. Identified challenges include implementation issues, financial issues, lack of political and stakeholder support, OPs and familial issues, and lack of knowledge on LTC.

Participants shared their description on what LTC is, an LTC facility, and the conditions of those in LTC facility. OPs expressed their willingness to utilize LTC services and identified several factors related to their preferred LTC arrangements. Carers identified various topics related to taking care of OPs that they would like to learn.

Conclusion. The roles, initiatives, and awareness of relevant stakeholders, older persons, and carers towards LTC were found to greatly vary. Policy makers, health workforce, families, communities, and the older persons themselves should have a better understanding of long-

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term care before they can provide or utilize the system. With the current landscape of LTC provision, the country still has a long way to go in achieving the integrated continuum of LTC appropriate to promote healthy aging. Promoting awareness, integrating LTC in the current programs and services for older persons in the country, capacitating the formal and non-formal caregivers, and strengthening collaborations are recommended.

Further research on quantitative measures of readiness for long-term care with focus on the health system and in-depth studies on the varieties or models of long-term care are recommended.

Keywords: home care, long-term care, nursing homes, older persons, Philippines

INTRODUCTION

With an aging population experienced at a global level, the World Health Organization (WHO) estimated that 1 in 6 people will be aged 60 and over by 2030. By 2050, the total population of this age range will double (2.1 billion) compared to 2020 (1 billion). Likewise, it is estimated that the number of older persons aged 80 years or older will triple, reaching 426 million. The impact of this shift will now be more evident in low- to middle-income countries, with two-thirds of the global population aged 60 and over coming from that demographic.[1] In the Philippines, older persons (OPs) or senior citizens (SCs) made up more than 9 million or about 8.5% of the country's total population as of May 2020.[2] This is also expected to rise just like the other countries in the world.

Considering the growth of this population and with the *Global strategy and action plan on ageing and health 2016–2023* as precedent[3], the WHO and the United Nations (UN) declared 2021-2030 as the Decade of Healthy Ageing. The Decade requires a whole-of-government and whole-of-society response to improve the lives of OPs, their families, and their communities.[4] Long-term care (LTC) is one of the four identified action areas that are aimed to be addressed by the Decade.[4] It is essential to ensure that OPs with reduced intrinsic capacity can still have the advantage of healthy aging.[5]

In the WHO World Report on Ageing and Health[6], LTC was defined as "the activities undertaken by others to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms, and human dignity." LTC refers to a variety of services that address the health, personal care, and social needs of individuals.[6] These include personal care services, home-based care, and community services. LTC services can be continuous or intermittent but are delivered for sustained periods.[7] The "long-term" covers the activities provided by carers and care workers, in different settings.[6] Provision of LTC at home may be provided by formal (e.g., home nurses) or informal (e.g., unpaid family members) caregivers. It can also be provided in a facility, such as a nursing home, or in the community, for example, in an adult day care center.[5]

Declines in physical and mental capacity can limit the OP's ability to care for themselves and participate in societal activities. Thus, access to good-quality LTC is essential for them to maintain their ability and enjoy basic human rights and live with dignity.[8] The UN Principles for Older Persons categorizes the rights of OP and includes independence, participation, care, self-fulfillment, and dignity as concerns that should be considered by the relevant stakeholders in providing related interventions such as LTC.[9]

Some types of LTC provision (e.g., home-based care) involve caregivers. A caregiver is defined by the Centers for Disease Control and Prevention (CDC) as someone who "provides assistance with another person's social or health needs".[10] In Asian countries, most OPs who require long-term care utilize home-based care that is provided by their family members.[11-13] Filial piety remains to be a cultural norm where adult children must co-reside with their parents and take care of them as a form of gratitude.[11] An OP's needs may increase as their capacity declines, thus resulting in additional responsibilities from the caregiver. This can take a toll on the carers' physical and mental health. Quality of care provided by carers may be compromised if their own health is neglected as they prioritize others' needs over theirs.[11] This supports the need for a whole-of-government approach and response to action areas such as LTC.

Most Southeast and East Asian countries are ill-prepared to cope with the demand for long-term care with older persons heavily depending on their female family members for their care.[12] The Longitudinal Study on Ageing and Health in the Philippines (LSAHP) revealed that LTC is provided for the most part by close family members with mostly a daughter as the main caregiver.[14] LSAHP also found the common reasons for needing LTC include having dementia and being bedridden due to a stroke, a fall, or both.

The WHO developed a country assessment framework for the integrated delivery of LTC which highlighted that health and social needs, performance, service delivery, and system enablers are the main domains in designing models for LTC. These domains include assessing the profile and needs of OPs and carers, available services and support in the community, governance, financing, and workforce.[15] Moreover, in order for countries to achieve an integrated continuum of LTC, the services should be aligned with the person's values and preferences, include services that optimize their functional ability and empower them, be provided in the community at an integrated continuum, and with emphasis on the support for carers.[7]

In the Philippines, there are initiatives towards LTC in the country. These include the Department of Social Welfare and Development (DSWD)'s Long Term Care Program for Senior Citizens (LTCSC) through DSWD AO 2010-

005[16] and various legislations proposed for enactment.[17-35] The DSWD LTCSC aims to promote active aging and improve the quality of life of Filipino SCs by strengthening collaboration and partnership, promoting protection of rights and independence among SCs. It covers residential care services, community-based services, home care support service, and volunteer resource services.[16] However, there is limited information on the actual implementation of the program.

Although there are various policy initiatives in the Philippines related to LTC[16-35], evidence to inform the development of an integrated continuum of LTC is limited. This limited evidence only includes the studies on the demand and supply of LTC for OPs in Asia including the Philippines[36], meaning-based adult day care program[37], and unpublished studies on proposed establishment of community-based center for indigent OPs[38], and situational and capability analysis for LTC[39]. In six countries in the Asia Pacific (excluding Philippines), multiple barriers to the implementation of LTC policy were identified. These challenges include too little awareness of the significance of the issue, a lack of clear leadership on LTC, and inadequate resource allocation. Furthermore, shortages of financial and human resources impede the expansion of LTC across all countries.[13]

The state[40], family, and the community have crucial roles to play in caring for the older population and in the preservation of caring Filipino culture.[41] Long-term care support was also emphasized as the main role of Filipino families[42] as mandated by the Constitution.[40] However, the LSAHP revealed that the idea of long-term care by a non-family member is not yet in the consciousness of the current cohort of older Filipinos.[14] With these, this paper aimed to provide an overview of the country's readiness for long-term care based on the perspectives of relevant stakeholders. Specifically, it sought to describe the roles, initiatives, and challenges of relevant organizations and community leaders for LTC provision. Moreover, it aimed to describe the older persons and carers' perspectives toward LTC including their awareness, capacity, and preferences.

METHODS

Study Design

The study utilized a descriptive study design using qualitative methods of data collection. These methods included key informant interviews (KIIs) and focus group discussions (FGDs). Almost all KIIs were conducted online via Zoom meeting. Only one KII was conducted face to face due to the preference of the informant. The FGDs with older persons and carers were conducted face to face. The qualitative research paradigm selected for this study is the interpretivist approach. This was utilized to generate a rich and deeper understanding on the perspectives of relevant stakeholders (providers and beneficiaries) on long-term care.

This study forms part of the Situational and Capability Analysis for Long-term Care in the Philippines (SiCAP LTC) project (NIH 2022-003) which aims to determine the current situation of long-term care service provision in the country through evidence review, situational analysis, and costing study. This paper presents the findings from the qualitative component of the project.

Study Population

The participants included older persons, carers, community leaders, and representatives concerning LTC service provision. The latter includes a) government agencies (i.e., DSWD, National Commission of Senior Citizens, and DOH), b) professional societies such as Philippine College of Geriatric Medicine (PCGM), c) LTC service providers such as Nursing Homes Federation of the Philippines (NHFP), d) a religious organization specifically the Conference of Major Superiors in the Philippines (CMSP), e) retirement benefit providers namely Veterans Federation of the Philippines (VFP), Philippine Veterans Affairs Office (PVAO), Philippine Retirement Authority (PRA), Commission on Higher Education (CHED), Department of Education (DepEd), and f) select local government units in the National Capital Region (Parañaque City) and Region IVA (Bacoor City, Cavite).

To ensure that data from varieties of LTC can be captured by the study, three known home care providers in the country were also invited to participate through KIIs. Protocol amendments for the addition of these providers as informants were submitted and approved by the UP-Manila Research Ethics Board (UPMREB 2023-0025-01).

All major organizations and societies involved in the provision of LTC services in the Philippines were invited to participate in the study. Purposive sampling was utilized for the KIIs and FGDs. KIIs were conducted to provide organizational information and describe their roles, initiatives, and challenges relevant to LTC. To further inform these, FGDs with OPs and carers were also conducted. Only one representative per identified organization was invited to participate as a *key informant*. A total of 18 key informant interviews and two focus group discussions were targeted.

Inclusion/Exclusion Criteria

The following were invited to participate in the study:

Key Informant Interview

Designated representatives in charge of LTC-related service/program from DWSD, NCSC, DOH, PCGM, NHFP, home care providers, community leaders such as mayors and barangay captains in select urban and rural barangays, and representatives of retirement benefit providers and similar organizations (e.g., PRA, DepEd, CHED, veterans' organizations) were invited. Those who did not respond to the invitation letter or did not agree to participate in the study were excluded.

Focus Group Discussion

Older persons aged 60 years and above and carers residing in the identified urban and rural barangays were invited to participate. Carers are those with experience in taking care of a sick person, either as a family member or as a professional caregiver. Those with hearing and/or speech impairments or any form of disability that impedes their participation in the discussion and those who did not respond to the invitation letter or did not agree to participate in the study were excluded.

Data Collection

An invitation letter was sent to the email addresses of the identified government agencies, home care providers, professional societies, religious organizations, community leaders, and retirement benefit providers relevant to the provision of LTC. The informed consent form was sent along with the invitation letter. Once the participant agreed, expressed interest to participate, or sent back a signed informed consent form, the team then proceeded with the scheduling and conduct of the data collection. In case of no response, follow-ups through email, SMS, and phone calls were constantly done every two days.

Key informant interviews were scheduled and conducted online via Zoom meeting. The meeting link for the KII was sent to the designated representative/official email address of the organization. Prior to the conduct of the KII, guide questions were prepared by the investigators. These guide questions were formulated to capture the knowledge and experience of the key informant and to ensure that they were relevant to the type of LTC service provided by the represented organization. The guide questions were not pilot tested due to time and budgetary constraints; however, these were finalized through discussions with the project team, as well as the lead interviewer. The list of questions was sent to the key informants via email before the interviews. These questions are presented in Table 1.

Additional questions were asked depending on the informants' responses and these are presented in Table 2. This is to further elaborate on an informant's response or to arrive at what the interview guide questions aim to capture, regarding long-term care. The additional questions were modified depending on the nature of the organization, for example, if the organization is not a direct LTC provider, the questions on benchmarking, safety standards, and accreditation were not asked.

The interviews were conducted between March 15, 2023, to May 12, 2023. The project team implemented a standard flow of the online KII. The Zoom meeting started with the introduction of the project team members (i.e., lead interviewer, secondary interviewer, and research assistant) and the key informant/s. This was followed by an overview of the SiCAp LTC project (i.e., title, investigators, and objectives), presentation of the definition of LTC based on the US National Institute on Aging[5] and WHO[6] to set the discussion and ensure uniform understanding on LTC, and review of the informed consent form.

Once confirmation of participation from the informant is obtained, the actual interview commenced. The interviews, which approximately lasted for about 30-45 minutes, were conducted by a lead interviewer. The interviews were recorded using the Zoom's built-in recording tool and then were transcribed verbatim. Additionally, the interviewer/s also prepared field notes during the interview for cross-checking and validation of the participants and their respective responses. The first and last authors conducted all the online interviews as secondary and lead interviewers, respectively. The first author solely conducted the face-to-face interview while also following the described flow above.

FGDs were conducted in person on April 18 and May 15, 2023, with the OPs and carers as participants and the first

Table 1. KII Guide Questions

Roles	Please describe the role of your organization relevant to long term care.

Initiatives	What are the initiatives of your organization related to LTC and their current status?
	• What is the type of LTC service provided by your organization? Facility-based, community-based, or home care?
	  ○ Are the following specific services available in facility-based/home care LTC?
	  ▪ Comprehensive geriatric assessment
	  ▪ Medication management
	  ▪ Nutritional support
	  ▪ Physical/occupational therapy
	• What are the types of patients you usually cater to?

Costing	Do you have an idea of the cost of long-term care (facility-based/community-based/home care) in the country? If Yes, kindly provide cost estimates of LTC provision. Government: _____ Private institutions: _____ For government facility-based: Do you receive funding support from the LGU?
Challenges	What are the challenges of your organization related to LTC? • Do you think you have enough workforce to cater the needs for long-term care? Why or why not? • Are your current services enough to provide quality LTC? Why or why not?
Suggestions	Based on your experience, what are your suggestions to improve the delivery of LTC in the country?
Others	Any other comments or suggestions?

Table 2. Additional Interview Questions

- What is your benchmark in implementing LTC?
- Do you follow any guidelines/standards in implementing LTC?
- Are you aware of the Policy Guidelines on the Standards of Care for Older Persons in All Healthcare Settings?
- What are your safety standards?
- Do you have accreditation?
- Who do you think should be in charge of LTC services in the country? Why?

author as moderator. Permission to conduct an FGD in the identified site was sought from both the Mayor and Barangay Captain. Once permission was obtained, the study team coordinated with the barangay regarding the identification and invitation of eligible participants, as well as the allotted space needed for the conduct of FGD. About 5-8 participants per group were invited, consisting of a combination of older persons and carers from the same identified barangay.

Prior to the conduct of the FGD, informed consent was obtained personally from all the invited participants. A total of two focus groups were convened, one in an urban and one in a rural barangay. Participants were asked about their perspectives on long-term care including their awareness, capacity, and preferences. The guide questions are presented in Table 3. The actual discussions lasted for 68.5 minutes on average and were recorded through an audio recorder. Field notes were also prepared by the interviewer/s during the discussion for cross-checking and validation of the participants and their respective responses.

Study Site

The office of the Institute on Aging of the National Institutes of Health, University of the Philippines Manila served as the site. This was where online activities were conducted, including the key informant interviews. The Institute had enough equipment and internet access to cover most of the project activities.

A separate FGD was conducted face to face in an urban barangay in Parañaque City, NCR and in a rural barangay in Bacoor City, Cavite, Region IVA. The rationale behind the selection of these sites was based on the house bills filed relevant to long-term care, specifically House Bill Nos. 3728 and 3397. House Bill No. 3728 is also known as *An Act to Establish an Elderly Care and Nursing Complex in the City of Paranaque* while House Bill No. 3397 is known as the *Elderly Care and Nursing Complex Act of 2019 or An Act to Establish an Elderly Care and Nursing Complex in Every Province and City*. HB 3397 was authored by then Congressman and currently the Mayor of Bacoor City in Cavite. Table 4 summarizes the information on the FGD research sites.

The Barangay BF is the largest barangay of Paranaque City. It is a middle-class neighborhood with almost a hundred thousand total population in 2020. Meanwhile, Barangay Mambog V has almost four thousand total population in the same year. It is also a middle-income class neighborhood. Both FGDs were conducted in the barangay hall of the identified sites.

Parañaque City through its City Social Welfare and Development (CSWD) runs a Bahay Aruga, a facility for juvenile delinquent individuals and abandoned elderly. The Bahay Aruga has doctors and social workers providing services to their residents who may be referred to the facility by the Office of the Senior Citizens Affair (OSCA). At the barangay level, they can refer OPs in need of the services of the Bahay Aruga as well as provide logistical support to the residents of the said facility. Meanwhile, in Bacoor City, the CSWD assists in referring OPs to institutions (e.g., Haven for Elderly, House of Somang, etc.) which can cater to their specific needs, or tracking the OPs' relatives to bring them back to their families.

Data Management and Analysis

A designated research assistant transcribed the KIIs and FGDs. Transcription and cleaning of transcripts proceeded after each interview and discussion. The transcripts were reviewed and cleaned by the first author, who was present in almost all the KIIs and FGDs, prior to analysis. This was done to ensure the correctness of the transcription and that no personal information was reflected in the transcripts.

All transcriptions from both KIIs and FGDs were then uploaded into the NVivo PRO Plus 12 qualitative software. Prior to coding these documents, the trained research assistant created a code set template based on the guide questions from

Table 3. FGD Guide Questions

Awareness and Perspectives	What comes into your mind when you hear "long-term care"? What are your thoughts on those older persons in long-term care facilities (e.g., nursing homes, home for the aged)?
Preferences	In case that you will be needing assistance in the future, what is your preferred arrangement? Why? a. Being taken care of by a family member at home? b. Being taken care of by a non-family member/ professional caregiver at home? c. Being assisted by community members d. Admitted to a long-term care facility?
Caregiver capacity	Do you think the family/community members have the capacity to take care of the elderly at home? Why or why not? What are the topics you would like to learn more in terms of caring for older persons?
Government initiatives	What do you think our government should do to take care of the elderly, especially those needing assistance in their daily lives?
Service utilization	If the following services for older persons are in place, will you be willing to utilize them? a. Adult day care services b. Home visit services c. Short-stay services d. Residential services

Table 4. FGD Research Sites

Region	Related House Bill	Research site	Classification of barangay	Total barangay population (PSA, 2020)
NCR	House Bill No. 3728	Brgy. BF Homes, Parañaque City	Urban	92,752
Region IVA	House Bill No. 3397	Mambog V, Bacoor, Cavite	Rural	3,832

both KIIs and FGDs. This was used as a guide for coding the transcriptions. A codebook thematic analysis approach were used. The main topics of the code set template were patterned to the guide questions with semi-structured responses placed as subtopics of each guide question.

Each transcription document was then read through word by word, guided by the interpretivism research paradigm. When reading through the transcription, statements that encapsule or answer the guide questions were then highlighted and eventually coded into the software. For open-ended questions, a phrase encapsulating the thought was added into the code set. Meanwhile, for semi-structured questions, responses from the participants were then grouped into the code set template as deemed necessary. Once each document had been coded individually, the research assistant then merged all responses appropriately between the FGDs and KIIs with common responses or themes being consolidated to identify the emerging themes. The analysis of the interview transcripts was conducted from May 4 to July 21, 2023. FGD transcripts were analyzed from June 11 to July 21, 2023.

Thematic analysis was then performed by the research assistant. These emerging themes were then further described to provide more context unless they were self-explanatory. To ensure the trustworthiness of the analysis, several layers of member checking were performed. The first author reviewed the themes and codes from the research assistant prior to the discussion with the project team. Comments and clarifications were relayed and addressed through a shared Google file. Two online meetings with the investigators and project team members via Zoom were conducted to review and discuss the themes. Questions and clarifications from the research team were addressed through the revised codes, which were reflected in the final technical report of the study and in this paper.

Researchers' Characteristics and Flexibility

The research team consisted of professionals with health sciences backgrounds namely geriatric medicine (SDV), hospital administration (AVL), public health (APG), nursing (JMH), and physical therapy (AMSB & MCDO). The multidisciplinary research team was composed of two medical doctors, two nurses, and two physical therapists with relevant experience in conducting qualitative and quantitative research on aging. Half of the team had training in qualitative data analysis using the NVivo PRO plus software.

Potential biases include selection and participant bias. Key informants were from the national government agencies, professional organizations, and private institutions that the researchers invited and believed to be relevant in the provision of LTC. Meanwhile, participant bias might be present since the researchers invited participants of select barangays through their senior citizens organizations. Those who were informed by the barangay's senior citizens organization, available, eligible, and willing FGD participants proceeded in the venue during the scheduled date and time.

Ethical Considerations

This research proposal was submitted and approved (Study code: UPMREB 2023-0025-01) by the UP-Manila Research Ethics Board prior to the project implementation. The research team complied with the ethical guidelines in the conduct of health research particularly the informed consent process, and the Data Privacy Act of 2012.

A personal letter of invitation with the informed consent form was sent to the informants via email. Upon confirmation of participation or obtaining the signed consent form, the interview with the informant was scheduled. Prior to the start of the actual interview, the interviewer explained the study and procedure, and asked for any questions or clarifications from the informant before proceeding. Permission to record the interview session was obtained prior to starting the Zoom recording.

For the FGD participants, a printed personal invitation letter and informed consent form was provided. Prior to the start of the discussion, the moderator went through the details of the consent form with the participants. The participants were encouraged to ask any questions or clarifications. Once the participants signed the consent form, the discussion commenced. Permission to record the discussion was obtained from the participants prior to starting the audio recording.

Specific codes were assigned to the key informants and FGD participants to preserve anonymity and maintain data privacy and confidentiality. All data were anonymized, protected by password, and stored in an external drive and safety cabinet, and were used for research purposes only.

RESULTS

Profile of Participants

Key Informant Interviews

A total of five agencies relevant to long-term care service provision at the national level, three retirement benefit providers, four community leaders, and three home care providers participated in the KIIs. One government agency and one private home care provider designated two representatives to participate in the online interview. Additionally, another government agency provided information through participation of one representative in the KII and provision of written responses from one of the heads of its residential care facilities. Specific positions of the informants are listed according to their organizations' assigned codes in Table 5.

Only two of the key informants mentioned the specific year when they started providing LTC services. One informant built a nursing home way back 2009, while another established home care services in 2018.

Some organizations opted to provide a written response due to challenges in scheduling an available representative for an interview. Written responses from the PRA, DepEd, CMSP, and DSWD were obtained. PRA provided the

research team three accredited facilities located in Rizal, Muntinlupa, and Cebu, and their point persons and contact details.

Focus Group Discussions

A total of 17 individuals participated in the FGDs, with nine senior citizens and eight carers as participants (Table 6). There were more participants from the urban barangay (9 vs 8). There were more females (14 vs 3) who participated in the discussions in both barangays.

On average, the participants from the urban barangay were slightly older (59.5 vs 57.6) than their counterparts. Although, considering the mean age of each subgroup, senior citizens from the rural barangay are slightly older (69.3 vs 68.2) than those from the urban barangay. Meanwhile, carers from the rural barangay are younger (46.0 vs 50.8) compared to their counterparts.

The detailed socio-demographic information of the FGD participants such as socioeconomic background and caregiving experience were not collected in this study.

Table 5. Positions of Informants in the Interviews according to Assigned Codes

Code	Position of Key Informant/s (N=17)
KII001	Medical Officer V
KII002a	Medical Officer IV
KII002b	Medical Officer IV
KII003	Project Development Officer IV
KII004	President
KII005	Head of Office of Senior Citizens Affairs
KII006	Vice President
KII007	Vice President
KII008	Social Welfare Officer III
KII009	President and CEO, Medical Director
KII010	Barangay Captain
KII011	President and CEO
KII012	Director IV
KII013	Barangay Captain
KII014	Assistant Department Head of City Social Welfare and Development
KII015a	President and CEO
KII015b	Medical Director

Table 6. Demographic Characteristics of FGD Participants

FGD (N=17)	Male	Female	Total	Mean Age
N of participants	3	14	17	58.5
Urban barangay	1	8	9	59.5
Senior Citizens	1	4	5	68.2
Carers	0	4	4	50.8
Rural barangay	2	6	8	57.6
Senior Citizens	1	3	4	69.3
Carers	1	3	4	46.0

Although during the discussions, two carers mentioned that they experienced providing care for their spouses, while only one carer had experience caring for an older person.

Roles, Initiatives, and Challenges on Long-term Care

National government agencies, professional organizations, long-term care providers, retirement benefit providers, religious organizations, and community leaders described their varied roles and initiatives relevant to long-term care. Their related challenges were also described. Figure 1 summarizes the identified themes based on the analysis of the interviews.

The key informants have provided numerous roles with regard to their organization's role relevant to long-term care. Due to high number of responses, their responses were grouped into five major categories:

1. **Strategic Planning:** Roles are focused on organizational and strategic plans, high level directions.
2. **Provision of Policies and Standards of Care:** Roles are focused on the execution of strategic plans through policies and setting standards of care.
3. **Training and Capacity Building:** Roles are focused on strengthening the competencies needed for long-term care for various types of carers.
4. **Implementation of Long-term Care:** Roles and services gearing towards the operational implementation of long-term care in the Philippines.
5. **Supportive Services (No Long-term Care Specific Roles):** Services not exactly related to long-term care, but services related to general welfare of an older person.

Under the theme *strategic planning* role for LTC were the transition from DSWD to NCSC, strategic implementation of Health and Wellness Program for Senior Citizens (Policies, Capacity Building, Facilities, M&E), development of Five-Year Strategic Plan, transitioning facility from hospital to home for OPs, and unifying associations of senior citizens in the City.

Under the *policies and standards of care* initiatives included development of health guidelines for continuum of care as well as palliative and hospice care, setting the standards of care for OPs, vetting of policies related to LTC, and providing technical assistance in developing benefit packages.

The *training and capacity building*-related roles included ensuring offered programs are relevant and responsive, sharing expertise in LTC from overseas into the Philippines, and training of nurses, caregivers, and families.

The *implementation of LTC* specifically pertained to provision of services for the elderly, preparation of family members for OP's condition and care, care of OPs with chronic and terminal illnesses, implementation and maintenance of center and residential care services, life-stage approach with focus on elderly, and transition of patients from hospital to home care.

Supportive services on the other hand pertained to referrals, logistics, and services that support older persons, preparing family members for older persons' care, supporting active aging lifestyle, identifying the needs of older residents in their community, and customer-driven social protection technology.

> *"...[W]e included long-term care in our strategic framework of healthy and productive aging."* (KII002a)

> *"...[W]e offer home visits or home visitations within a team of experts or our assistants to provide the services at home of the patients… These will include palliative, regular services, or hospice."* (KII004)

> *"One of the programs that DSWD is implementing for the senior citizens is the Center and Residential Care Services."* (KII003)

> *"But during the initial phase where they are lost, they don't know what to do. We do a lot of mentoring for their family members who could be their designated caregiver."* (KII09b)

> *"Kapag may mga experts na nagsabi there should be a State degree program on long-term care… we compose or we gather technical experts to discuss ano yung mga subject na kailangan..."* (KII012)

Initiatives

The initiatives of the participating organizations included (1) Training, Capacity Building, (2) Standards Setting, (3) Strategic Planning, Policies, (4) Long-term Care Programs, (5) Long-term Care Services, and (6) Development of LTC-related facilities. Other initiatives mentioned focused on information and communications technology. One organization verbalized having no initiatives related to LTC.

Initiatives on various aspects of training, capacity building, and standards setting were mentioned. In terms of clinical practice, there are various initiatives towards standards setting, particularly on Clinical Practice Guidelines and Standards of Care. One organization has developed a manual with the WHO and Alzheimer's Disease Association of the Philippines (ADAP). Meanwhile, other organizations focus on information sharing on quality control and implementation of standards towards care of OPs.

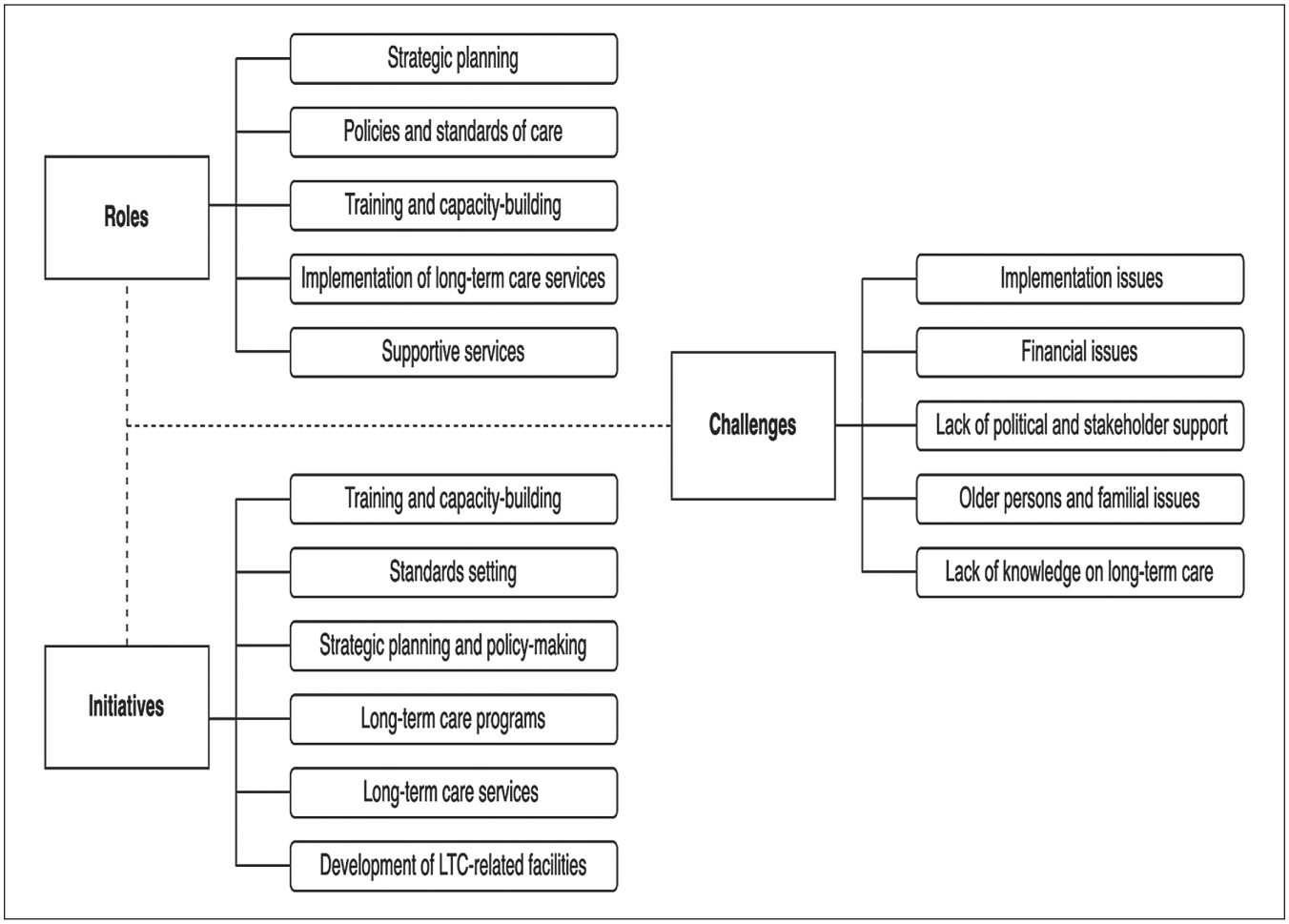

Figure 1. Roles, initiatives, and challenges of relevant organizations and community leaders on long-term care.

Different institutions identified various courses being offered for the healthcare providers, particularly a course in caring for OPs under the Bachelor of Science in Nursing degree, some postgraduate courses on palliative nursing and geriatrics as well as advanced care giver courses. Other initiatives also focused on capacity building efforts towards the lay people, as well as informal carers. One organization even has a program for a nurse-caregiver deployment.

Initiatives on strategic planning, as well as policy making towards LTC in the Philippines, elicited from the key informants included the following: (1) Addressing the continuum of care using the Omnibus Guidelines for Life Stages, (2) Development of policies and processes on Palliative and Hospice Care, (3) Ongoing vetting of formulated policies pertaining to long-term care, (4) Policy guidelines for standards of care for older persons in healthcare settings, (4) Supports development of the Palliative and End of Life Care Association of the Philippines, and lastly (5) Technical assistance with PhilHealth for LTC packages.

Initiatives related to long-term care programs included: (1) Senior Care Management, (2) OSCA Administrative Program, (3) the Administrative Order No. 5 Series of 2010 (LTC Program for Senior Citizens), and (4) the Innovative Active Ageing Program. Various services were also mentioned as initiatives. Although these services are not explicitly related to LTC, they can still contribute to the delivery of long-term care. These services included: (1) Support for the Less Privileged in the Future, (2) Retirement Benefits and Packages, (3) Referral Services to Facilities, (4) Medication Support, (5) Care Services, and (6) Assistive Devices. Care Services were further identified to be home vaccination, hospice care (early stages), and laboratory and point of care testing in the future.

Development of LTC-related facilities were also elicited from the key informants as initiatives, including (1) Veterans wards, (2) Placement of long-term care nursing homes and geriatric centers, (3) Pharmacy in the LTC facility, and (4) Adult Day Care in the future. Furthermore, some organizations' initiatives with the use of information and communications technology included: (1) Home Monitoring Devices in the future, (2) Use of an older person database with OSCA, and (3) Use of ICT for networking and monitoring.

> *"Ang current naming direction for this is one is coordinating with [Another Bureau] on how to capacity build yung mga facilities in order to comply with the standards of care [Policy Guidelines for Standards of Care for Older Person in Healthcare Settings]."* (KII002a)

> *"We continue to go around the islands in the Philippines and we call it Caravan, that is an education to reach most remote areas in order to teach the specialists or generalists that are residing in that area, including the paramedical health personnel, usually in barangays, in order to orient them on long-term care."* (KII004)

> *"Usually, aming residential care facilities ay 24-hour facility that provides long-term or temporary multi-disciplinary [care] to senior citizens who are abandoned by their families or with no significant others to provide the needed supervision and supportive care."* (KII008)

> *"...[W]e encourage that we offer na lahat talaga dapat yung mandatory vaccines for older persons… And then we encourage na yung family members, vaccinated. Para hindi nila mahawaan yung ano… yung seniors.* (KII011)

> *"And we are establishing veterans wards in different parts of the country. Pero in terms of, yun na nga, kunwari, home care services, wala naman po kaming ganun pa sa ngayon."* (KII001)

Challenges

The challenges faced by participating institutions included: (1) Implementation Issues, (2) Financial Issues, (3) Lack of Political and Stakeholder Support, (4) Older Person and Familial Issues, and (5) Lack of Knowledge on Long-term Care. These implementation issues were further subcategorized into the following issues:

1. **Operational Issues:** Refers to the challenges towards operating and maintaining long-term care services.
2. **Human Resources:** Refers to the challenges towards the lack of healthcare providers as well as the capacity of these healthcare providers to provide appropriate care and services in a long-term care setting.
3. **Organizational Issues:** Refers to the challenges towards the upper management decisions in an organization that may affect internal and external stakeholders.
4. **General Resource Issues:** Other challenges identified by the key informants pertaining to service delivery.
5. **Systemwide Challenges:** One key informant verbalized that there are overall, general challenges in the whole long-term care services in the Philippines.

The operational issues related to LTC implementation included: (1) coordination with other agencies, (2) lack of control on opening an LTC facility, (3) limitations in operating an LTC facility, (4) abuse of system (too much dependency), (5) scope of LTC (not only individual but family members as well), and (6) using hospital as home-hospice care. In terms of human resource, the identified challenges were (1) lack of competent human resource for health, and (2) increased attrition of healthcare workers.

Organizational issues identified were the following: (1) internal reorganization, (2) bureaucracy and LTC as low priority, (3) business oriented (lack of compassion), (4) change in strategic approach, (5) delineation of roles and responsibilities, and (6) sustainability in relation to transition of management. Lastly, the general resource issues identified

under the implementation challenges were (1) lack of referral facilities, (2) long delays in referral, and (3) uncertainty with whom to reach out.

Another main category of the participating organizations/ institutions' challenges relevant to LTC is financial issues. These financial issues were identified to be related to the cost of long-term care and the funding for logistics and services support. Furthermore, lack of political and stakeholder support was also identified as one of the major challenges due to the following reasons: (1) Lack of Support on LTC Implementation, (2) Absence of LTC Law/Policy, and (3) Difficulty Meeting the Mandates due to Transition.

Issues related to older persons and their family members were also considered as challenges. These specifically pertain to the (1) Stigma on long-term care, (2) Low participation/ social isolation, (3) Wandering older persons unwanted by families, and (4) General increase of the older population.

> *"Number 4 is the lack of control that basically everyone can open a long-term care facility… it will be difficult to implement certain quality controls and measures into the facilities."* (KII007)

> *"Sorry, I'm not ano [against] the LGUs. But for me, it is the problem that we're facing with the non-readiness of the health workers. And lalo na, Geriatric Care kasi ang pinag uusapan."* (KII011)

> *"…libre po sa VMMC ang mga veterans and their qualified dependents… yung mga chronic cases, chronic debilitating cases, ang tendency po is parang, they would rather stay there… So, yun po, yun po sana ang tina-target namin sana na, these kinds of cases ay madala na sa isang set-up na makakapag-provide ng hospital, or ng home care, which is para ma-decongest din po ang VMMC."* (KII001)

> *"Let us say bureaucracy, bureautic process ang problem. We cannot launch a program because we have no plantilla. The other [government] agency does not approve yet our plantilla [position for personnel to implement a program]. When I say management and leadership, ito, personal observation ko, hindi kasi strong ang prioritization ng long-term care."* (KII006)

> *"In our new strategic plan, we would like to develop some guidelines and promote life after retirement programs in compliance with our RA723 the Senior Citizen Act. But yung long term care, Ma'am, wala pa po napag-uusapan."* (KII012)

> *"…yung sa [LTC facility] referral po, matagal syempre. Alam naman po natin sa government facility. May mga number lang po sila kung ilan yung [bed] capacity nila. So, natatagalan po minsan doon. Sa admission."* (KII014)

The key informant interviews highlighted that the community leader from the urban barangay is aware of the needs of seniors and their barangay has mechanisms in place to support individuals needing long-term care, including referral to their City Government-run facility for abandoned elderly and logistical support to return the individual to the family. On the other hand, the community leader from a rural barangay admitted that it is his first time to discuss long-term care and that he has no idea whom to approach for this long-term care.

According to the informant from the CHED, they have a developmental function which provides incentives and grants as well as a regulatory function to institutions offering a degree program. It was mentioned that the Bachelor of Science in Nursing was the only course that caters to long-term care, particularly the Care for Older Persons which is a 3-unit course. Suggestions on how to improve long-term care education included provision of a career path or a ladderized program for long-term care and integration of various agencies to incorporate long-term care.

Limited knowledge and awareness on long-term care was highlighted as one of the major challenges of LTC based on the interview responses.

> *"The challenges are number one, to fully educate the Filipino people on what long-term care is. Kung ano talaga yung talagang essence ng long-term care."* (KII004)

> *"Number 3 is the lack of knowledge of the long-term care providers which are the nurses and the caregivers. If you look at the nursing curriculum, we are talking about 48 to 84 hours of long-term care or geriatric care in the curriculum, which leaves the nurses completely clueless in how to deal with elderly, and how to provide proper long-term care."* (KII007)

> *"So we have here, late referral, lack of awareness, not integrated in training, attitudes, knowledge and skills, lack of service in the community, high cost of care."* (KII015)

Perspectives of Older Persons and Carers on Long-term Care

Older persons and carers FGD participants described their perspectives on long-term care including their awareness, capacity for LTC, and their preferences on LTC arrangements. Figure 2 presents the identified themes based on the analysis of the discussions.

Awareness on Long-term Care

The FGD participants' concepts about long-term care pertain to different aspects of caring, such as the act of caring, the facility for caring, and the duration of caring. Some participants thought about long term care as a solution, as well as the practicality or the sustainability of long-term care.

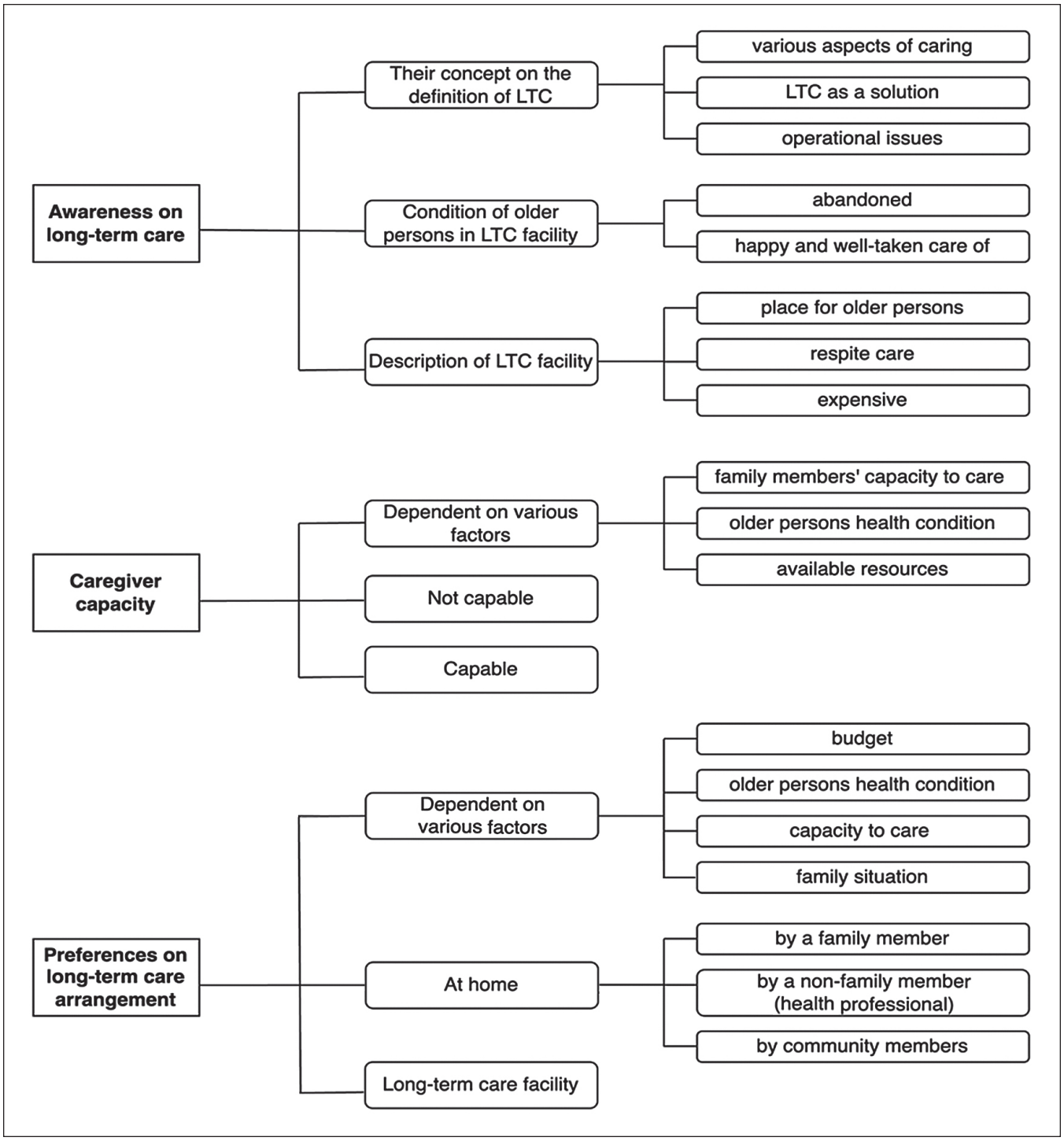

Figure 2. Perspectives of FGD participants on long-term care.

Majority (13 responses) were more curious about how long-term care facilities cost and how it operates in terms of its human resources. They also described their perspectives on the state or condition of the older person staying at a long-term care facility, particularly being abandoned, while others see older persons as happier and being well taken care of, which they believe receives better care than at home. Other participants focused on the long-term care facility as a place for older persons who cannot be taken cared of at home and a controlled environment for respite care, which one described as being similar to the United States' "home for the aged". Other responses shared that long-term care facilities are also present internationally and that they are expensive.

Caregiver Capacity

When asked about the capacity of their family members to take care of OPs, the majority of the participants (13 responses) have verbalized that it depends on various factors before they can say if their family members can take care of OPs or not. A few of them explicitly identified that their family members are not capable of taking care of OPs (4 responses) and less with those who said they are capable but only for basic care (2 responses). The capacity depends on various factors, such as the family's capacity, the OP's condition and resources, resources available within the family as well as within the community, and one even mentioned to exert effort for the older person to stay at home.

The topics related to various skills they would like to learn included caregiver skills, physical activities, health protocols, self-care management by older persons, and first aid treatment. Meanwhile, some wanted to focus on the medical management of various conditions of OPs (with 7 responses), such as common behavior illnesses, nutrition, and medication management. Another emerging topic from the participants is how to understand and handle the older persons.

Preferences on Long-term Care Arrangement

In case the participants will be needing assistance in the future, the participants verbalized various preferences on their arrangement for long-term care, totaling 40 responses. Majority of the responses (n=18) received were about the various factors that could affect their decision on selecting their preferred arrangement. This was then followed by being taken care of by family members at home with 10 responses and via a long-term care facility afterwards with 8 responses. A few of the participants verbalized their preference of having a non-family member (3 responses) or a health professional at home and one participant preferred being placed with community members.

Majority identified their capability to spend or their budget in selecting a long-term care setup, to be followed by the condition of the older person. Other factors identified are the family's capacity to perform care and the family's situation in general. Some participants identified that there should be a demand for various long-term care setups to be studied for more context. One participant verbalized agreement to the identified factors.

For those who preferred to be taken care of by a family member at home, they reasoned that they find it easier to be taken care of, as well as pampered, by their children and grandchildren. Others identified that there may be many carers at home, while another factor might be due to homesickness. Meanwhile, one participant preferred a combination of a family member and a professional carer at home.

For the others, the majority explained they preferred a long-term care facility that is cozy and near nature. Other responses elicited are the following: (1) provides supervision, (2) when no one else can take care of them, (3) provides holistic care, (4) healthcare needs are within reach, and (5) provides recreational activities.

The participants who expressed their preference to a non-family member or professional at home for their long-term care verbalized that it is easier to communicate with these people in taking care of older persons, as well as that they are more capable of caring. Lastly, only one participant preferred community members mainly because of the capability to socialize with other older persons.

Government Initiatives

The participants were also asked what the government could do to take care of older persons. The emerging needs responses included: (1) financial support (12 responses), (2) human resource (7 responses), (3) eliminate corruption (6 responses), and facility support (4 responses). Other responses from the participants focused on vaccinations and livelihood.

The participants (with 12 responses) identified financial support to be the government's role for LTC, not only for the OPs (e.g., affordable medications and financial assistance), but also for funding for programs, healthcare providers, and incentives for caregivers. This is then followed by focusing on the human resource side of LTC (with 7 responses) by focusing on augmenting more caregivers and providing training as well as scholarships and mandatory services for medical graduates. Other prominent responses focused on elimination of corruption (with 6 responses) followed by support for facilities (with 4 responses), focusing on building more nursing homes and maintenance and sustenance of these facilities. One participant each verbalized focus on vaccinations and livelihood.

Long-term Care Service Utilization

The participants were asked if they are willing to utilize the varieties of long-term care services if they are in place. The participants (with 7 responses) preferred adult day care services mainly because they can get entertained throughout the day and followed by residential services (with 5 responses). Next to that, the participants preferred home visit services (with 4 responses) because they like getting visited at home and for those who are unable to go to adult day care. Lastly, a few preferred short-stay services (with 2 responses) because these facilities are able to handle acute care and its transition to home case as well as a facility to place the older person for quick trips.

An emerging response from the participants is that they preferred all of the long-term care services offered during the discussion (with 4 responses) mainly because the services' use varies and might apply on a case-to-case basis.

DISCUSSION

The relevant stakeholders such as national government agencies, professional organizations, long-term care providers, retirement benefit providers, religious organization, and

community leaders described their roles, initiatives, and challenges relevant to long-term care. They have varied LTC roles and initiatives such as strategic planning, development of policies, standards of care, LTC programs, training and capacity-building, actual implementation of LTC, and provision of supportive services. Major challenges identified related to LTC include implementation issues, financial issues, lack of political and stakeholder support, OP's and familial issues, and lack of knowledge on LTC.

Older person and carer participants described their perspectives on long-term care. For the participants, LTC refers to various aspects of caring, as a solution, and as an operational issue. OPs expressed their willingness to utilize LTC services and identified several factors related to their preferred LTC arrangements. These factors include budget, OP's health condition, family members' capacity to care, and family situation in general. The capacity to take care of OPs needing LTC was described as dependent on various factors namely on the capacity of family members, OP's health condition, and available resources.

Various definitions of long-term care highlight a range of services, varied care settings, and timing of service provision to address the complex needs of individuals. This study revealed that awareness on LTC was still limited especially among older persons, carers, and family members. This was despite that promoting awareness was mentioned as either part of participating institutions and organizations' mandates or one of their LTC-related initiatives. This challenge is also compounded by the lack of local research studying the awareness and perspectives of OP's and carers on LTC. Hence, informants and respondents recognized this limitation, evidenced by the fact that one of their suggestions to improve LTC implementation in the country is to promote and increase LTC awareness.

The finding on limited LTC awareness is also consistent with the results of a study in Thailand where caregivers had a low level of awareness on available LTC resources for OPs despite needing or even utilizing these resources.[43] Too little awareness of the significance of LTC was also identified as one of the many barriers to the implementation of LTC policies in six countries in the Asia Pacific (excluding Philippines).[13] In the US, a survey of LTC awareness and planning showed that knowledge of LTC is low among the general population aged 40-70 and most were not well-informed about LTC costs.[44]

An LTC Awareness Campaign began in 2005 to increase public awareness of the need to plan for future LTC needs[45] and November each year serves as the National LTC Awareness Month in the US[46]. The Philippines can adapt this campaign and promote long-term care awareness along with the celebration of the Elderly Filipino Week during the first week of October each year as mandated by Proclamation No. 470.[47]

The Department of Social Welfare and Development[16], Department of Health, and the National Commission of Senior Citizens (NCSC) are the main government agencies in charge of the provision of services and programs for SCs in the Philippines.[48,49] The roles and initiatives relevant to long-term care of this study's participating institutions and organizations vary. In the study of aging and health in the Philippines, LTC was among the areas identified that will require judicious planning and preparation.[50] The same study also highlighted that the formal pillars of support, such as short- and long-term healthcare and pension systems, are still under development. This study supports that planning, and the active involvement of the relevant stakeholders are crucial to the implementation of LTC services.

Currently, the Philippines has no law specific to long-term care, as well as an established or standardized LTC system. LTC systems, as defined by WHO, refers to the national systems that ensure integrated long-term care that is appropriate, affordable, accessible and upholds the rights of older people and carers.[7] What is available in the country is the Long-term Care Program for Senior Citizens (LTCSC) implemented by the DSWD. The program aims to promote active aging and improve the quality of life of Filipino senior citizens.[16] The agencies involved in the said program only include the DSWD central and field offices, local government units, OSCA, and senior citizens organizations. The implementation of the program is limited to the four residential care facilities specific for older persons across the country. The implementation of long-term care services in facilities run by private institutions are not covered by DSWD's LTCSC.

The Department of Health was identified by the key informants to be the main agency that should oversee long-term care in the Philippines. Interestingly, they perceived that the health sector should lead the LTC implementation in the country. Next was the National Commission of Senior Citizens, an agency directly under the Office of the President. NCSC is designated to oversee the full implementation of laws, policies, and programs of the government pertaining to senior citizens.[49] Although the agency implementing the current LTCSC is the DSWD[16], it was not included among the agencies mentioned by the informants that should oversee LTC provision in the country. A possible reason for this might be the Republic Act No. 11350[49], whose mandate includes the transfer of roles and responsibilities related to older people from the DSWD to the NCSC. This will also involve the transfer of LTCSC to the NCSC.

One of the key principles to an integrated continuum of LTC services is that national governments, in partnership with local governments, must be accountable for the stewardship of LTC systems.[7] In 2017, Japan introduced a national policy that aims to integrate long-term health and social care services for OPs, specifically by devolving the provision of such services to the community level.[51] At the local context, the DOH, DSWD, NCSC, local government units, and other relevant stakeholders have their roles and initiatives related to the provision of LTC services which are described in this paper.

The LTC framework also identified that having a designated government agency that coordinates the various multi-sectoral stakeholders is the first step.[7] In this study, aside from naming the agency that should be in charge, collaboration and having an integrated system was also emphasized. This is consistent with the lessons from Thailand's national community-based LTC program for OPs which highlighted the need for multi-sectoral coordination for successful LTC programs.[52]

Long-term care provision should build on already existing health and social care systems, with emphasis on mainstreaming LTC through primary health care.[7] This is where the Philippines is falling behind. Aside from not having an existing law and a standardized long-term care program in the country, LTC is not mainstream in primary health care. The Universal Healthcare Act has no provision specific for long-term care.[53] Furthermore, insights from the interviews highlight the limited awareness and lack of political and stakeholder support for LTC. Although there are initiatives from the policy makers as evidenced by the number of house bills filed in Congress[17-35], LTC awareness and political and stakeholder support at the grassroots level leave much to be desired.

Long-term care must be affordable and accessible, and should ensure access to services by disadvantaged populations.[7] Through the LTCSC of the DSWD, the disadvantaged population, particularly the abandoned OPs, is catered to in residential care facilities funded by the national government. They are provided with their basic needs, such as accommodation, food, and non-food items. However, these are limited to select regions in the country, namely, National Capital Region, Region IVA, Davao Region, and Zamboanga Peninsula. The participating local government units in this study, namely, Bacoor City in Cavite and Parañaque City also provide care to abandoned OPs through their Bahay Aruga, a residential care facility run by their City Social Welfare Departments. Whether other cities or municipalities in the country also provide LTC services through similar facilities still warrants further investigation.

Long-term care is mostly in the hands of family and kin, specifically spouse and daughter.[14,50] The households and the community's strong role remains to complement formal care.[54] Since there is no existing LTC insurance system in the Philippines and limited government-managed LTC facilities, the payments for long-term care are mostly out-of-pocket. The Asian Development Bank emphasized that there is a need to also acknowledge the hidden costs of LTC as they are currently shouldered by families. Healthcare systems costs are also somewhat hidden and need to be further studied.[13] An important consideration when establishing an LTC insurance system is that the reduction of the financial burden on OPs and their families will consequently increase the government's allotted budget for LTC services.[55] This is to ensure universal coverage for the rapidly aging population.

There are several proposals regarding the establishment of adult day care programs and centers, nursing homes for the homeless and abandoned elderly, an elderly care and nursing complex in every province and city.[17-35] The emphasis was more on the establishment of LTC facilities in their respective provinces or cities in the Philippines. However, these proposals are infrastructure- and service-centered rather than person-centered. To achieve the goal of the integrated continuum of LTC, which is to optimize the functional ability and achieve healthy aging, LTC should be person-centered rather than infrastructure-oriented. Furthermore, it must be provided in an integrated manner and in a continuum with other services.[7]

Long-term care must uphold the older persons' human rights, as well as their carers', to enhance their dignity, and ensure informed choices while considering the rights and needs of the LTC workforce.[7] Majority of the OPs in Turkey[56] and China[57] prefer to be taken care of by their own families at their own homes. The preference for informal home care in most Asian countries places families and communities at the forefront of providing person-centered LTC services; thus, policies and strategies should be geared towards enabling and empowering them to assume that role.

In this study, the family or the community members have limited capacity or training in caring for an older person. With this, carers identified several topics that they would like to learn more about to better care for OPs. Enhancing their caregiving skills, understanding OPs and how to handle them when they have behavioral changes are some of the skills they would like to develop. Furthermore, the need for patience in taking care of this age group was emphasized. This supports the importance of individualized care, value of persistence and patience, and the relevance of technical knowledge and strategies to provide good care in LTC settings.[58] Psychoeducation, skills training, and therapeutic counseling interventions exhibited small to moderate success by decreasing caregiver burden and increasing their quality of life.[59] Moreover, community-based care services may promote social participation and integration for OPs, reducing their dependence on caregivers and need for complex care.[60]

A significant challenge to LTC provision in the Philippines is ensuring the adequacy of human resources, or those who are able, skilled, and knowledgeable to provide LTC specifically for OPs. This was a recurring theme based on the KIIs and FGDs. Although there are organizations who provide training and capacity building, specifically various courses related to LTC for health care providers, there is still a need for increased exposure of medical professionals to in-depth long-term care training. For physicians, post-graduate training programs in Geriatric Medicine take 2-3 years for completion.

In the current nursing program provided in different institutions, LTC training is only covered in one course. Few other available post-graduate courses are accessible such as palliative nursing and advanced caregiver training, while

one organization mentioned providing a nurse-caregiver deployment program. These were the only ones mentioned and emphasized during the interviews. A more in-depth study would be beneficial to better understand the currently available continuing professional development programs focusing on geriatric care as well as the extent of their accessibility to and utilization by the LTC workforce.

People living with dementia constitute most of the residents in long-term care and require longer time in residential care.[61] Dela Vega et al. found that there was a scarcity of geriatric specialists and occupational therapists (OTs) in taking care of patients with dementia.[62] Furthermore, essential services for LTC are lacking, and cultural unacceptability of institutional care is usual. In a 2015 study by Gubio et al. in Laguna, they found only 14 part-time OTs working in geriatric settings, including residential homes. The importance of the role of the family and community in dementia care was also highlighted.[63] In the case of informal carers, which is usually a relative of the older person, there is also a lack of capacity or training on how to take care of the elderly. Most initiatives for the lay people focus on education and awareness on what LTC is.[63]

Aside from the limited training opportunities, the lack of competent LTC providers is compounded by the increased attrition of healthcare workers, including those who were already trained to provide LTC services. A key informant who provides long-term care in nursing homes shared a similar experience. According to the informant, they had to train regularly due to the quick turnover of their staff. This attrition problem became heightened especially during the pandemic when there was shortage of HCWs, specifically nurses. The informant said that the nurses who they trained in LTC were either hired by local hospitals, or abroad.

Another concern raised during the interviews and discussions was the compensation given to HCWs, including LTC providers. Gubio et al.[63] found that low salary is one of the most pressing concerns of OT practitioners taking care of OPs. In a report by Buchan and Catton[64], as cited by Alibudbud[65], having low wages was also one of the most common reasons Filipino nurses decide to migrate to other countries. Incentivizing and increasing compensation are suggested by the carers and LTC providers to improve the quality of long-term care provision in the country. Policy makers and health economists should consider this incentive mechanism in costing and planning for national LTC insurance systems in the future.

Many health and social care systems are currently not able to meet the long-term care and support needs of the older persons.[7] The study identified the major challenges of LTC in the country namely the actual LTC implementation, financial, older persons and familial issues, stakeholder support, and awareness on LTC. The Philippines is not the only country facing challenges related to LTC. In six countries in the Asia Pacific (excluding Philippines), similar challenges to the implementation of LTC policy were identified. There is no single model that performs better than the others.[66] Hence, the focus should be on how to choose between alternatives to have an LTC system that is responsive to the needs and goals of the country.[66] Further studies on LTC models and alternatives for the Philippines should be explored in preparation for the increasing demand for LTC in the coming years.

Another gap that can be improved is the lack of peer-reviewed and published local studies on long-term care. Most of the LTC evidence from the country were dissertations or unpublished articles. Much of the available local studies on LTC were descriptive in nature, with focus on a single LTC provider only (e.g., a specific facility).[39] Additionally, since the country is yet to have an established LTC system, cost-effectiveness analysis studies are yet to be conducted.

Given the long-term care related challenges identified in the Philippines, the suggestions to improve the implementation of LTC in the country highlighted the need for identifying and providing the needs of older persons, a standardized long-term care policy, funding, strengthening LTC implementation and health human resources, capacity-building, promoting LTC awareness, and incentivizing LTC providers. These suggestions support the ADB-identified steps to better long-term care in Asia and the Pacific. These include developing LTC systems and services that provide a continuum of care, integrating LTC with health and social support services, developing effective LTC systems, developing coordination mechanisms to enable collaboration across government stakeholders, prioritizing the design and expansion of LTC financing systems, galvanizing human resources, developing support to family caregivers, and recognizing the place of LTC within the broader context of age-friendly communities, housing, transport, social protection, and healthy aging programs.[13]

Scope and Limitation

The paper focused on the qualitative component of the study on long-term care with particular interest with those aged 60 years and above. Insights on long-term care from qualitative methods were obtained. Representatives from the national agencies/organizations, local government units, home care providers, and private residential care facilities relevant to long-term care provision in the country were interviewed. Focus group discussions with older persons and carers were conducted.

The detailed sociodemographic information of the FGD participants such as socioeconomic background and caregiving experience were not collected in this study. Furthermore, considering the purposive sampling method, OPs that are home-bound (those who are mostly needing LTC) had no chance to participate in the discussion. Obtaining information only from those ambulatory OPs limits the understanding of the perspectives of OPs across care needs which also affects the generalizability of the results. Likewise, since the carers' experience was not elaborated, there is also a possibility that

the team was unable to capture the perspectives of caregivers who handled OPs with a variety of health and care needs. These limit the trustworthiness and in-depth understanding of the possible factors that affect awareness of and capacity for long-term care.

Varieties of long-term care such as facility-based and home care were explored. Purposive sampling was utilized hence, this study may not reflect the overall readiness for long-term care of the country but provided insights from the relevant providers and users of long-term care.

CONCLUSION

Insights from the study findings described that the roles, initiatives, and awareness of relevant stakeholders, older persons, and carers towards LTC were found to greatly vary. Policy makers, health workforce, families, communities, and the older persons themselves should have a better understanding of long-term care before they can provide or utilize the system. With the current landscape of LTC provision, the country still has a long way to go in achieving the integrated continuum of LTC appropriate to promote healthy aging. Promoting awareness, integrating LTC in the current programs and services for older persons in the country, capacitating the formal and non-formal caregivers, and strengthening collaborations are recommended.

Further research on quantitative measures of readiness for long-term care, with focus on the health system, cost-effectiveness studies, and in-depth studies on varieties or models of long-term care are recommended. This is in preparation for the increasing demand for long-term care in the country in the succeeding years.

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Statement of Authorship

All authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

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