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Research Article

Innovation in Public Policy to Address Aging Society: Lessons from Japan for the Philippines

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Abstract: This study examines the applicability of Japan's aging-related policy innovations, particularly the Long-Term Care Insurance (LTCI) system and community-based integrated care models, to the Philippine context. While Japan has developed comprehensive and universal eldercare arrangements, the Philippines continues to rely on familial caregiving amid fragmented service delivery and limited institutional support, raising the problem of how proven innovations can be transferred across different socio-cultural and institutional settings. Utilizing the Diffusion of Innovations (DOI) theory, the research analyzes key innovation attributes—relative advantage, compatibility, and complexity—to evaluate policy transferability. A mixed-methods approach was employed, combining comparative policy analysis, case study examination of Japan's innovations, stakeholder interviews and surveys in the Philippines, policy simulation, the Delphi method, and pilot testing of an adaptation framework in selected local government units. Findings reveal that Japan's innovations offer clear relative advantages in expanding eldercare access and reducing service fragmentation, but that the Philippines' familial caregiving tradition, decentralized governance, and constrained fiscal capacity necessitate localized adaptation rather than direct replication. A scaled-down, phased implementation beginning with urban pilot programs, the integration of family roles and barangay-level health initiatives into formal care structures, innovative financing including public-private partnerships, and sustained capacity building at the local government level emerged as critical success conditions. The study concludes that multi-sectoral collaboration, capacity building, and cultural alignment are essential to developing sustainable and inclusive eldercare policies in the Philippines.

Keywords: Aging Society; Japan; Long-Term Care Insurance; Philippines; Public Policy Innovation

1. Introduction

The increasing global challenge of aging populations necessitates innovative public policy approaches to ensure sustainable and inclusive eldercare systems. Japan, as one of the most rapidly aging societies in the world, has pioneered comprehensive policy innovations such as the Long-Term Care Insurance (LTCI) system and community-based integrated care models (Yamada & Arai, 2020). These initiatives have successfully addressed the multifaceted needs of its elderly population by integrating healthcare and social services, ensuring universal access, and fostering strong governmental coordination (Okamoto & Komamura, 2022). In contrast, the Philippines faces significant gaps in eldercare provision, characterized by reliance on familial caregiving, fragmented service delivery, and limited institutional support, highlighting the urgent need for systemic reforms (Garcia et al., 2024; Carandang et al., 2024).

This research explores the potential applicability of Japan's aging-related policy innovations to the Philippine context, employing the Diffusion of Innovations (DOI) theory as a guiding framework (Rogers, 2003; Iqbal & Zahidie, 2022). DOI theory provides a structured lens to analyze how innovations are adopted and adapted across different socio-cultural and institutional settings. Japan's LTCI system and integrated care models exemplify key innovation attributes such as relative advantage, compatibility, and complexity, which have facilitated their widespread acceptance (Makse & Volden, 2011). By examining these attributes and the mechanisms of policy diffusion, this study identifies lessons from Japan's

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experience that can inform the design and implementation of aging-related policies in the Philippines.

The comparative analysis underscores the importance of aligning policy innovations with local socio-cultural norms and institutional capacities. While Japan's collectivist culture and centralized governance have supported the success of its eldercare policies (Zhang, n.d.), the Philippines' decentralized governance and strong familial caregiving tradition (Cruz et al., 2018) present unique challenges and opportunities for adaptation. This research emphasizes the need for a phased and localized approach to policy transfer, leveraging existing community health initiatives and fostering multi-sectoral collaboration.

The objectives of this study are: (1) to compare aging-related policy innovations in Japan with existing eldercare policies and initiatives in the Philippines; (2) to evaluate the applicability of Japan's LTCI system and community-based integrated care models to the Philippine socio-cultural and institutional context; (3) to assess the feasibility of policy adaptation through simulation, expert consensus, and pilot testing; and (4) to develop a framework for localizing aging-related policy innovations that is sustainable and culturally sensitive. The remainder of this paper is organized as follows: Section 2 reviews related literature and the theoretical framework; Section 3 describes the materials and methods; Section 4 presents the results and discussion; Section 5 provides a comparison and key lessons; and Section 6 concludes.

2. Literature Review

Population aging has emerged as one of the defining public policy challenges of the twenty-first century, demanding innovations that integrate health, social protection, and long-term care systems. The literature highlights Japan as a global reference point in this domain, while studies of the Philippines document persistent gaps in institutional support, financing, and workforce capacity for eldercare (Cruz et al., 2018; Garcia et al., 2024). Such gaps mirror wider deficits in long-term care provision documented across middle-income countries in Asia, Africa, and Latin America (Kraus & Riedel, 2022). This section reviews aging-related policy innovation in both countries and presents the theoretical framework guiding the analysis.

Aging-Related Policy Innovation in Japan and the Philippine Context

Japan's LTCI system, introduced in 2000, established universal, mandatory long-term care coverage financed through a combination of premiums, public funding, and co-payments, and has been credited with expanding access to formal care while relieving pressure on family caregivers (Iwagami & Tamiya, 2019; Yamada & Arai, 2020). At the same time, rising and regionally uneven long-term care expenditures have placed the system's financial sustainability under continuing scrutiny (Jin et al., 2020; Jin et al., 2022), prompting reforms that emphasize preventive services for functional dependency (Hashimoto et al., 2024). Complementing the LTCI, Japan's community-based integrated care system seeks to ensure that older persons can continue living in their communities by coordinating medical care, long-term care, preventive services, housing, and livelihood support at the municipal level (The Vanguard of Community-based Integrated Care in Japan, 2017; Sano et al., 2023). This integrated architecture has been highlighted as central to sustaining universal health coverage amid population ageing (Okamoto & Komamura, 2022). The success of these innovations has been attributed not only to their technical design but also to their alignment with collectivist cultural values, in which filial piety and communal responsibility shape both the demand for and legitimacy of formal care arrangements (Zhang, n.d.).

In the Philippines, by contrast, eldercare remains predominantly a family responsibility, with formal long-term care services underdeveloped and unevenly distributed across regions (Cruz et al., 2018; Carandang et al., 2024). Recent qualitative evidence indicates that awareness of long-term care remains limited among Filipino stakeholders, and that organizational readiness for formal LTC provision is still at an early stage (Garcia et al., 2024). At the grassroots level, barangay health workers constitute an essential yet under-supported cadre of the primary health care workforce whose governance under decentralization remains fragmented (Mallari et al., 2020; Dodd et al., 2021). Broader welfare state transition studies note that policy regimes evolve through interactions between niche innovations and established institutional regimes, suggesting that eldercare reform in developing countries requires attention to systemic and multi-sectoral dynamics (Welfare State Transition in the Making, 2019). Implementation science research likewise emphasizes the value of staged, context-sensitive implementation strategies in health systems (Nilsen & Bernhardsson, 2019),

while the stakeholder engagement literature stresses that sustained, structured engagement is critical to policy development and legitimacy (Stakeholder Engagement in Policy Development, 2015).

Theoretical Framework: Diffusion of Innovations

This study is grounded in the Diffusion of Innovations (DOI) theory developed by Everett Rogers (2003), which provides a systematic lens to analyze how new ideas, practices, or policies spread within and across societies. Central to DOI theory is the concept of innovation attributes—relative advantage, compatibility, complexity, trialability, and observability—which influence the rate of adoption. Prior research demonstrates that these policy attributes significantly shape the diffusion of innovations across governments (Makse & Volden, 2011) and that perceived attributes condition early adoption behavior in health-related innovations (Armstrong et al., 2003). In public health more broadly, DOI has been applied as a guiding framework for understanding staged behavior and policy change (Iqbal & Zahidie, 2022), while cross-system evidence shows that innovation transfer succeeds more readily when innovations hold a clear-cut advantage and fit the receiving context (Nolte & Groenewegen, 2021). In the case of Japan, policy innovations addressing aging exemplify these attributes: the LTCI system offered a clear relative advantage over fragmented predecessor arrangements, while community-based integrated care proved compatible with existing municipal governance structures.

DOI theory also underscores the role of change agents and opinion leaders in promoting innovation adoption. In Japan, policymakers, healthcare professionals, and local governments acted as key facilitators in disseminating and institutionalizing aging-related policies. This research explores how similar actors in the Philippines can drive the diffusion of analogous innovations. Moreover, the theory's focus on social systems is critical for understanding the cultural, economic, and institutional factors influencing diffusion: the Philippines' distinct social system—marked by familial caregiving norms and decentralized governance—is expected to shape the adaptation of these innovations. Finally, the temporal dimension of DOI theory, from awareness to implementation, offers a roadmap for anticipating challenges at each stage of a phased policy transfer.

3. Materials and Method

This research employed a mixed-methods design combining qualitative comparative analysis with quantitative feasibility assessment. The design proceeded in five interrelated stages: (1) comparative analysis of aging society policies in Japan and the Philippines; (2) case study examination of Japan's policy innovations; (3) stakeholder interviews and surveys in the Philippine context; (4) policy feasibility assessment using simulation and the Delphi method; and (5) development and pilot testing of a framework for policy adaptation and implementation.

Data Collection

The comparative and case study stages were conducted through a systematic review of policy documents, legislative records, government reports, and academic literature concerning Japan's LTCI system and community-based integrated care models, alongside existing Philippine policies and initiatives addressing aging. Data were triangulated with reports from international organizations, including the World Health Organization and the Organisation for Economic Co-operation and Development, and case-specific metrics such as utilization rates and cost-effectiveness were examined. In the Philippine context, semi-structured interviews were conducted with purposively sampled stakeholders—policymakers, healthcare professionals, local government officials, non-governmental organizations, and community leaders—in both urban and rural areas to account for regional disparities in healthcare access. A standardized interview guide incorporated questions aligned with DOI attributes such as perceived relative advantage, compatibility, and complexity. Surveys, distributed electronically and in print over a three-month period, complemented the interviews by capturing broader quantitative data. Ethical considerations, including informed consent and confidentiality, were strictly adhered to throughout the process.

For the feasibility assessment, a policy simulation exercise was conducted using demographic, economic, and healthcare data from the Philippines to model the potential outcomes of implementing Japan's innovations, focusing on cost-effectiveness, resource allocation, and coverage. A Delphi process engaged a panel of experts—policymakers, healthcare administrators, economists, and academics—in multiple rounds of structured questionnaires to reach consensus on institutional capacity, cultural compatibility, and

scalability. Finally, the preliminary adaptation framework was validated through focus group discussions with key stakeholders and pilot tested in two local government units (LGUs) representing urban and rural contexts, with data collected through direct observation and structured interviews.

Data Analysis

Data were analyzed using comparative thematic analysis, with a coding process organized around the DOI innovation attributes of relative advantage, compatibility, and complexity. Cross-referencing across sources was conducted to validate findings and ensure consistency. A temporal analysis mapped the evolution of aging-related policies in both countries, identifying milestones and phases in Japan's diffusion process as well as historical trends and policy shifts in the Philippines. Quantitative survey data were analyzed using statistical software to identify trends and correlations, such as the relationship between respondents' professional roles and their support for specific policy innovations. A comparative scenario analysis evaluated alternative implementation options against key performance indicators of accessibility, equity, and sustainability, incorporating stakeholder feedback to align scenarios with local priorities and needs.

4. Results and Discussion

Comparative Analysis of Aging-Related Policy Innovations

The comparative analysis revealed that Japan's LTCI system and community-based integrated care models are comprehensive and well-structured, addressing the multifaceted needs of an aging population. Japan's LTCI system, characterized by universal coverage and a structured funding mechanism, has significantly improved access to long-term care services (Yamada & Arai, 2020; Okamoto & Komamura, 2022). In contrast, the Philippines relies heavily on familial caregiving and lacks a centralized framework for eldercare (Garcia et al., 2024), underscoring the need for systemic reforms to address gaps in accessibility, funding, and institutional support. Viewed through DOI theory, Japan's LTCI system demonstrates relative advantage and compatibility by aligning with societal values of collectivism and equity, whereas the Philippines' decentralized governance and cultural emphasis on family caregiving present challenges to adopting a similar model. The analysis nonetheless identified opportunities for adaptation, such as leveraging existing community health initiatives and integrating them into a broader care framework.

The temporal analysis of policy evolution in Japan revealed a phased approach, with incremental adjustments based on pilot program outcomes and stakeholder feedback. This contrasts with the Philippines, where aging-related policies have been reactive rather than proactive. The analysis also highlighted the role of change agents in Japan—policymakers, healthcare professionals, and local governments—in facilitating the diffusion of aging-related innovations, while in the Philippines the absence of coordinated leadership and advocacy has impeded progress. Empowering local leaders and fostering multi-sectoral collaboration could therefore enhance the adoption of Japan-inspired policy innovations.

Applicability of the Long-Term Care Insurance System

The evaluation of the LTCI system's applicability in the Philippine context revealed both significant challenges and opportunities. Stakeholders recognized the system's relative advantage in providing universal access to long-term care services, but identified the Philippines' reliance on familial caregiving and limited public funding as critical barriers. The compatibility analysis underscored the need to adapt the system's design to local norms: whereas Japan's collectivist culture facilitated acceptance, the Philippines' strong familial caregiving tradition necessitates a model that integrates family roles into formal care structures, for instance by leveraging existing community health workers and barangay health initiatives so that the system complements rather than replaces traditional caregiving practices (Mallari et al., 2020).

Financial sustainability emerged as a central concern. Japan's model relies on a mix of public funding, insurance premiums, and co-payments, and even in Japan expenditure growth and regional variation have raised sustainability concerns (Jin et al., 2022; Fu et al., 2023); such financing may be difficult to replicate in a lower-income setting. Policy simulation results indicated that a scaled-down version of the LTCI system, targeting low-income elderly populations, could be a viable starting point, requiring external funding support and gradual expansion. Institutional capacity was likewise identified as a significant determinant of applicability: Japan's success is attributed to strong governmental coordination and a

centralized framework, which contrasts with the Philippines' decentralized governance. Capacity-building initiatives at the local government level, including training programs for healthcare professionals and administrators, were recommended to address skill gaps and foster institutional readiness.

Stakeholder Perspectives on Community-Based Integrated Care

Stakeholder perspectives on adopting community-based integrated care models revealed both enthusiasm and reservations. Healthcare professionals and local government officials highlighted the potential of these models to address service fragmentation and improve care coordination, acknowledging the relative advantage of Japan's holistic integration of healthcare and social services. Community leaders and non-governmental organizations expressed strong support, citing the models' compatibility with local traditions of communal support, while emphasizing the need for culturally sensitive adaptations that leverage barangay health workers and community volunteers, whose demonstrated adaptability during the COVID-19 pandemic underscores their potential for expanded eldercare roles (Baliola et al., 2024). Policymakers, however, identified the lack of centralized coordination and funding mechanisms as significant barriers, recommending capacity building for local governments and the exploration of public-private partnerships to mobilize additional resources (Hueskes et al., 2016).

Healthcare professionals raised concerns about workforce readiness, particularly the shortage of trained personnel to manage integrated care systems, and emphasized targeted training for multidisciplinary collaboration. Survey data revealed mixed perceptions regarding implementation complexity: while some stakeholders viewed the integration of healthcare and social services as manageable, others expressed apprehension about administrative and logistical demands. Respondents broadly advocated incremental implementation—initially focused on urban areas—supported by continuous stakeholder engagement and feedback mechanisms.

Feasibility Assessment Using Simulation and Delphi Methods

Policy simulations indicated that a scaled-down LTCI system targeting low-income elderly populations could be financially viable, provided external funding and phased implementation are secured. The simulations highlighted significant resource gaps, particularly in rural areas—consistent with evidence of unequal healthcare access among community-dwelling Filipino older adults (Carandang et al., 2024)—emphasizing the need for targeted investments in healthcare infrastructure and workforce development to ensure equitable access and operational sustainability. The Delphi process produced expert consensus around the relative advantage of Japan's policies in addressing service fragmentation and improving eldercare accessibility, while identifying cultural and institutional barriers—reliance on familial caregiving and decentralized governance—as significant challenges. Experts recommended integrating family roles into formal care structures, strengthening local government capacities, initiating pilot programs in urban areas with better infrastructure, and embedding continuous feedback mechanisms. Both methods converged on the critical role of institutional capacity and innovative funding mechanisms, including international aid and public-private partnerships, during the initial phases of adaptation.

Framework for Localizing Aging-Related Policy Innovations

The adaptation framework developed in this study emphasized adaptability to the Philippines' socio-cultural and institutional context. Focus group feedback stressed integrating familial caregiving norms into formal care structures and leveraging community health workers and barangay health initiatives to bridge service delivery gaps. Pilot testing in two LGUs revealed that urban areas demonstrated higher readiness owing to better healthcare infrastructure and administrative capacity, while rural regions faced resource constraints and workforce shortages—reinforcing the case for phased implementation that begins in urban centers and gradually expands. The framework incorporated a multi-sectoral governance model emphasizing collaboration between national and local governments, non-governmental organizations, and private sector actors—echoing findings that community health worker programs under decentralized governance require stronger coordination across government levels (Dodd et al., 2021)— with centralized coordination for policy alignment alongside flexibility for local adaptation. Training and capacity-building initiatives and embedded continuous feedback mechanisms—real-time monitoring, data collection, and adaptive management—were integral components, enhancing the framework's resilience and scalability.

5. Comparison

Compared with prior comparative studies of eldercare policy transfer and cross-system innovation transfer (Nolte & Groenewegen, 2021; Kraus & Riedel, 2022), this study contributes a structured, DOI-based assessment that yields five key lessons for public policy innovation in aging societies. First, policy innovations must demonstrate clear relative advantage while remaining compatible with local values: Japan's LTCI succeeded because it offered visible improvements over fragmented predecessor arrangements while resonating with collectivist norms, whereas an adapted Philippine model must explicitly incorporate, rather than displace, the family's central caregiving role. Second, phased and trialable implementation is essential; Japan's incremental policy evolution provides a roadmap for the Philippines to begin with urban pilot sites, build public trust, and refine design before national scaling. Third, financing must be innovated rather than imported: a scaled-down system targeting low-income elderly populations, supported by external funding and public-private partnerships, offers a realistic entry point. Fourth, institutional and workforce capacity is the binding constraint, making sustained capacity-building investments at the local government level a precondition for successful adaptation under decentralized governance. Fifth, change agents and continuous stakeholder engagement drive diffusion: empowering local leaders, engaging barangay-level institutions, and embedding feedback mechanisms ensure that policy adaptation remains aligned with the Philippines' dynamic socio-economic and cultural landscape.

6. Conclusion

This study concludes that Japan's Long-Term Care Insurance system and community-based integrated care models offer valuable lessons for addressing the aging population in the Philippines. Japan's success—driven by universal coverage, sustainable funding, and strong governmental coordination—highlights the importance of systemic reforms. However, the Philippines' reliance on familial caregiving, decentralized governance, and limited infrastructure necessitates a localized approach: adapting these innovations requires integrating family roles into formal care structures and leveraging existing community health initiatives to ensure cultural compatibility and operational feasibility.

The findings underscore the critical role of phased implementation and stakeholder engagement, consistent with the trialability and observability attributes of DOI theory. Japan's incremental approach provides a roadmap for mitigating risks and building public trust, beginning with pilot programs in urban areas with stronger healthcare infrastructure and expanding as capacity develops. Financial sustainability and institutional capacity emerged as key determinants of successful adaptation: the Philippines will require innovative funding mechanisms, such as public-private partnerships and external aid, during initial phases, alongside strengthened local governance and multi-sectoral collaboration. These findings contribute a culturally grounded framework for localizing aging-related policy innovations in developing countries.

This study is limited by its reliance on simulation and pilot testing in a small number of LGUs, which may not capture the full diversity of the Philippine archipelago. Future research should evaluate the long-term outcomes of pilot implementations, examine the role of digital health technologies in supporting integrated eldercare delivery in archipelagic settings, and conduct longitudinal studies of policy diffusion as the Philippines' aging-related policy landscape evolves.

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