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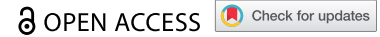


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RESEARCH ARTICLE



## Long-term Care in the Agenda: The Case of Chile

Pablo Villalobos Dintrans <sup>a,b,c</sup>, Trinidad Alliende <sup>d</sup>, Josefa Palacios <sup>d</sup>, Isabel Contrucci<sup>d</sup>, and Jorge Browne <sup>b,e</sup>

<sup>a</sup>Programa Centro Salud Pública, Facultad de Ciencias Médicas, Universidad de Santiago, Santiago, Chile; <sup>b</sup>Millennium Institute for Care Research (MICARE), Santiago, Chile; <sup>c</sup>African Health and Ageing Research Centre (AhaARC), Winneba, Ghana; <sup>d</sup>Independent Consultant, Chile; <sup>e</sup>Sección de Geriátria, Facultad de Medicina, Pontificia Universidad Católica de Chile, Santiago, Chile

### ABSTRACT

The Chilean presidential elections of 2021 included an unprecedented topic in the country's political debate: long-term care (LTC). Although some public policies and programs have been in place for at least 20 years, during this 2021 presidential election LTC was mentioned for the first time in a political campaign. Five out of seven candidates highlighted the importance of LTC in their proposals and designed policies to address it. Why did this topic gain momentum as a campaign topic in 2021? What can explain the sudden inclusion of a new topic on the Chilean political agenda? Using Kingdon's multiple streams framework this article aims to understand the factors explaining the inclusion of LTC in the Chilean political agenda during the past presidential elections. A two-step qualitative research design was performed using a case study approach. As a first step, a documentary analysis of the campaign programs was conducted searching for references to LTC proposals. In a second step, semi-structured interviews were carried out with representatives from three of the seven campaign teams, including the teams that reached the ballotage. Data were analyzed using Kingdon's multiple streams framework. Results showed that the availability of national data on LTC needs helped highlight the problem and acted as a facilitator for advocacy; international organizations and other countries' experiences in implementing LTC systems served as policy entrepreneurs; and four events—the feminist movement, the social outbreak with the constitutional process, and the COVID-19 pandemic—pushed LTC forward on the political agenda. The case of Chile illustrates how Kingdon's framework can be used to identify facilitators for LTC inclusion on the political agenda, serving as an example for other countries facing similar issues and fostering the global debate around the increase in LTC needs.

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## Introduction

Chile, November 21, 2021. Seven candidates were competing to become Chile's new president. This election took place in the middle of a shifting social and political environment, including a social outbreak in October 2019, the arrival of COVID-19 in March 2020, and the beginning of a new constitutional process in 2021.



The campaign period started on September 22, 2021, and continued until November 18, 2022; during these months candidates were allowed to express their ideas using the press, social networks, and public spaces. They were also mandated to register and submit their proposals for the 2022–2026 period—commonly known as their government programs—to the Chilean Electoral Office (Servicio de Registro Electoral de Chile, SERVEL, by its Spanish acronym).

One salient feature of the proposals was the inclusion of a new topic on the political agenda: long-term care (LTC). According to the World Health Organization, LTC refers to “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.”<sup>1(p127)</sup>

Although addressed differently in each candidate's program, LTC or more broadly “care” policies were identified for the first time as an important topic on the country's political agenda. Five out of seven candidates discussed the importance of LTC and proposed policies and programs to address it.<sup>2</sup> These proposals considered different approaches to LTC, including the development of a national LTC system, the recognition of women's and informal carers' work—e.g., carers of children, older people, people with disabilities, and domestic workers—and specific policies for these population groups.

The inclusion of LTC in the 2021 presidential campaign was surprising given that in the previous election (2017) the concept of LTC was not included in any program and remained completely absent from the proposals.<sup>3</sup>

**CONTACT** Pablo Villalobos Dintrans  [pvillalobos.d@gmail.com](mailto:pvillalobos.d@gmail.com)  Programa Centro Salud Pública, Facultad de Ciencias Médicas, Universidad de Santiago, Av. Libertador Bernardo O'Higgins 3363, Estación Central, Santiago, Chile

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What happened between 2017 and 2021 in Chile? How did this topic gain relevance in the Chilean political agenda?

To explore these questions, this article uses Kingdon's multiple streams framework (MSF).<sup>4,5</sup> This framework has been widely used to analyze the introduction of new topics on the political agenda and in reform processes in different areas, particularly health; with many of these studies using a qualitative approach.<sup>6–9</sup> The MSF framework has also been used to understand reform processes in Chile<sup>10–13</sup> and, more recently to analyze LTC policy issues in different contexts.<sup>14–16</sup> This article aims to understand the factors explaining the incorporation of LTC in the 2021 presidential campaign and the Chilean political agenda using Kingdon's MSF.

## Materials and Methods

### Data Collection

A two-step qualitative research design was performed using a case study approach.<sup>17,18</sup> The inclusion of LTC on the political agenda, understood as “the set of issues that are the subject of decision making and debate within a given political system at any one time,”<sup>19(p362)</sup> was considered as the main observed outcome, i.e., the inclusion of LTC as a topic in the presidential candidates' proposals.

As the first step, a documentary analysis of the campaign programs was performed. Presidential campaign programs from the seven candidates were retrieved from the SERVEL website<sup>20</sup>: Eduardo Artés [EA] (*Unión Patriótica*); Gabriel Boric [GB] (*Apruebo Dignidad/Convergencia Social*); Marco Enríquez-Ominami [MEO] (*Partido Progresista*); José Antonio Kast [JAK] (*Partido Republicano*); Franco Parisi [FP] (*Partido de la Gente*); Yasna Provoste [YP] (*Nuevo Pacto Social/Democracia Cristiana*); and Sebastián Sichel [SS] (*Chile Podemos Más*). Due to the time constraint in which they are written, these programs are usually limited and succinct, containing the main ideas and proposals for a four-year period.

For the two candidates who reached the *ballotage* (Gabriel Boric and José Antonio Kast) the updated versions of their programs—containing more details for each proposal—were retrieved from the candidates' website.

All programs were examined in search of references to LTC proposals. In every case, the search was conducted using the term “*cuid*” to capture mentions of different LTC-related concepts (such as “*cuidar*” (to care), “*cuidados*” (care), “*cuidador*” or “*cuidadora*” (carer)). Other care-related concepts,

such as environmental care and caring for objects, culture, and heritage were excluded from the analysis.

In a second step, semi-structured interviews were carried out. The campaign teams of the seven candidates were contacted—initially via e-mail and also using phone calls and text messages—for an interview regarding their views and proposals on LTC. Four teams answered the call, and three of them agreed to be interviewed. Each team was asked to designate a person who was closely involved in the process of discussing and generating LTC policies. Before the presidential elections took place three interviews were conducted, including interviewees from the campaign teams of the two candidates who reached the *ballotage*: José Antonio Kast (far right-wing candidate) and Gabriel Boric (left-wing candidate), and a third one with Yasna Provoste's team (left-center candidate). After the result of the first round and before the *ballotage*, the teams of the two candidates who reached the *ballotage* were re-contacted for a new interview and a second interview with a member of Boric's team was carried out.

An interview guide (see [Appendix](#)) was developed to gather information on the interviewee's role in the campaign, her/his experience with LTC policy, the history of the inclusion of LTC in the campaign, specific LTC policies included in the proposals, and the stakeholders involved in the process. Interviews were conducted by at least two researchers, lasting around 60 minutes, via Zoom® platform<sup>21</sup>; they were audio-recorded with the interviewees' consent and transcribed verbatim. NVivo® was used to analyze the data.<sup>22</sup>

The project design, including the interview guideline, informed consent form, and data management protocol was approved by an Institutional Review Board on October 27, 2021.

### Data Analysis

First, data collected from the documentary analysis was systematized by one of the researchers during October 2021: for each candidate, references to LTC were classified according to their definition and subjects of care, underlying concepts on care provision, LTC and other LTC-related policies (e.g., policies for older people, children, women, or people with disabilities), and care financing. All these proposals were extracted verbatim.

Interviews were analyzed by two researchers using a thematic analysis approach.<sup>23</sup> Following this approach, transcriptions were initially coded by each researcher

drawing from MSF. The codes that emerged were compared by the two researchers and revised iteratively across the different interview transcripts.

The data from the documentary analysis was also coded using the codes that emerged from the interviews, in search of convergent and divergent themes.

### Conceptual Framework

The themes from the documents and interviews were analyzed using Kingdon's multiple streams framework. Kingdon's framework proposes the existence of three "streams"—problem, policy, and politics—that, when aligned, open a window of opportunity that facilitates policy action.<sup>4,24</sup> Along with these streams, policy entrepreneurs—agents that take advantage of these windows of opportunity—play an important role in the model, as they finally take action to place the topic on the political agenda.

LTC and Kingdon's framework have a long history. In fact, LTC is used by Kingdon as an example in which the policy stream renders itself as a difficult stream to be aligned for the creation of a policy window: "why some items never rise on policy agendas . . . Some of them, such as long-term care and mental health, remained low,

not because participants would not recognize real problems there, but because they had little sense for alternatives that might be available as solutions."<sup>4(pp207–208)</sup>

Consequently, results are presented according to these three streams, highlighting the identification of a problem that requires intervention, the existence of a feasible solution to address it, and the existence of events that could trigger changes.

### Results

First, [Table 1](#) shows the results coming from the campaign programs analysis. The programs varied in their definition of care, when included. The role of the State in care provision also varied from a "sharing" perspective, toward assistance measures and finally as an axis for all policies. In terms of policy proposals related to care, most included the scaling-up of former programs related to older people, children, dependent people, and informal carers' recognition, together with efforts to formalize care provision. Most of these proposals were included in the creation of a National Care System as a coordinator of care provision. Regarding financing, the proposals considered including dependency and informal care as part of family income expenditures and the

**Table 1.** Summary of findings from document analysis.

Care categories	Care-related findings
Definition of care and subjects of care	No definition of care or care-related policies No explicit definition of care with policies for the care provision of older people, people with disabilities, children, and carers. No explicit definition of care, but definition of a National Care System: "public policies to accompany, support and promote the care of older people, people with disability, children and carers." Definition of care as "all activities directed towards the development and wellbeing of people, dependent or not, within a household" Definition of care as "a fundamental right with a gender perspective"
Underlying concept of the State's role in care provision	No underlying concept of care provision. Mentions the importance of citizen participation and equal rights. State as a facilitator of the "free market" sharing the progress with people in need. State as a facilitator for those at risk of losing their autonomy, security, or civil rights to become active in the design, execution, and evaluation of assistance measures. Care as a symbol of the State's recognition of gender and economic inequities Feminism as the key driver for a State that has care as the center for its activities.
Care-related policy proposals	No care-related policies Scaling up of programs related to older people's health, housing and social security provision, children's care, inclusion of people with disabilities, care for dependent people and informal carers' recognition. Incentives for care workers' formal certification, economic recognition for caretakers and their psychological support. Creation of a National Care Strategy, meeting the needs of people who need care and caretakers. Creation of a National Care System, a coordinator of care as a social and human right with universal access.
Care policies financing	No care-related financing Incorporation of moderate and severe dependency or informal care as variables included in the "expenditure level" which determines family income. Consideration of unpaid caretaking in the individual taxes which form the contributive pillar of the new System in Pensions' Regime. Economic support for 24/7 caretakers of people with some degree of dependence and female heads with care roles. Minimum taxable income for caretakers of severely dependent people who are younger than 60 y/o. Dependency insurance for dependent older people financed in part by pension contributions charged to employers. Universal Health Plan for older people with a special plan for Long Term Care and a special insurance for dependent people

pensions' contributive pillar, minimum income for caretakers, dependency insurance for dependent people, and a universal long-term care plan for older people.

A second source of information comes from the interviews. Table 2 shows the correspondence between the MSF Framework, the interview guide, and the main themes identified by the interviewees.

### Problem Stream

In terms of the problem stream, i.e., the extent to which the topic is acknowledged as an important issue to be addressed by public policy, the information showed that all candidates' teams recognized that the problem existed and that it was important, not only currently, but had been present for years. The evidence of this acknowledgment is, of course, the inclusion of LTC in their proposals.

The beginning of the problem regarding the dependent adult and the caregiver stems from, precisely, the quantity, especially the numbers: as there are 24,000 dependents who are not cared for and 540,000 caregivers who are informal. (JAK team interviewee)

However, the question remains: why did this inclusion happen in 2021 and not before if the problem already existed previously? One explanation for the rise of the topic on the political agenda was the increasing availability of information. All interviewees were aware of the LTC problem existence, but in recent years they were able to do something else: measure it and get a notion of its dimension. During the interviews all teams brought up similar figures regarding the number of people with LTC needs in the country, citing similar sources. The availability of data on functional status at a population level seemed to be an important step in this path-building: the country has started generating statistics on the topic, particularly after the publication of the first study on dependency in Chile.<sup>25</sup> Subsequently, the National Socioeconomic Characterization (CASEN) survey of 2015 introduced a set of dependency

questions. Since the past presidential election in 2017, the CASEN survey reported—for the first time—statistics on the number of dependents at a national level in two periods (2015 and 2017).<sup>26,27</sup> Other surveys, such as the National Social Protection Survey (EPS) and the National Survey on Disability (ENDISC) have also contributed to making statistics on the topic available. This new data has increased research on LTC and has facilitated addressing the topic from a public policy perspective: for the first time Chile reported LTC statistics to the OECD in 2021.<sup>28</sup>

Data availability helped measure the problem, highlighting its relevance, and facilitating advocacy. Results showed that advocacy around LTC issues was another reason that could have explained the rise of the topic on the political agenda in 2021.

What I have seen is that there has been an empowerment of organizations associated with care since ... well, we had talked about it last time, because of the feminist movement and all that. (GB team interviewee)

Civil society organizations—such as *Yo Cuido* or *Colectivo Ciudadanas Cuidando*—have gained a presence in several spaces, including media, seminars, and more recently, in the 2021–2022 Chilean constitutional process.

As stated above, the role of information has been key in allowing the inclusion of LTC as a topic on the political agenda. The lack of information has been identified as an important barrier to addressing the topic in recent years.<sup>29</sup> In this new context of data availability, researchers and civil society organizations have been acting as policy entrepreneurs to build the path for a new public policy problem.

### Policy Stream

Regarding the policy stream, there was a consensus among interviewees that a National System of Care was a feasible response to the identified problem.

**Table 2.** Correspondence between MSF Framework and interviews' main categories.

MSF Framework	Interviews' main categories
Problem Stream	Information on the magnitude of the problem: national indicators on the number of dependents. National information on the feminized description of carers. International information of care as a right
Policy Stream	International organizations and other countries' experiences pointing out the LTC system's technical feasibility LTC system as a potential for the Ministry of Health and Ministry of Social Development integration. Scaling up of former programs increases value acceptability
Politics Stream	Feminist movement as a pressure group National mood influenced by the social outbreak and pension system dissatisfaction Pandemic as an event revealing the fragility of care networks Presidential elections and constitutional process as opportunities for change



I think that the initial kick start of this has to do with the proposal of establishing this National Care Strategy, but one that it's part of an intersectoral worktable (YP team interviewee)

The proposals from each candidate and the interviews explicitly pointed out the necessity of a System of Care. The question—again—is: why now? Two possible explanations are explored. First, just as new data increased research and advocacy to understand the problem, information on LTC systems has increased in past years. Several international organizations have generated documents explaining how LTC systems work, promoting their adoption in every country. For example, since the launching of the World Report on Aging and Health in 2015, the World Health Organization has promoted the adoption of LTC systems as a solution to address the challenges of the aging population around the world.<sup>1</sup> After this report, the establishment of LTC systems was proposed as one of the main pillars of its Global Strategy and Action Plan on Aging and Health<sup>30</sup> and, more recently, the organization published a guide to help countries implementing LTC systems,<sup>31</sup> highlighting the relevance of these systems, particularly after the COVID-19 pandemic.<sup>32</sup> Similarly, LTC was included as one of the action areas of the United Nations Decade of Healthy Aging 2021–2030, reinforcing the relevance of this policy in all countries.<sup>33</sup> Other organizations have embraced this initiative and published LTC-related documents, contributing to the idea of LTC systems as a feasible policy.<sup>34–38</sup> Locally, these reports are aligned with initiatives from the Ministry of Social Development and the Ministry of Health. For example, the National Health Plan for Older People 2020–2030, highlights the need to strengthen the intersectoral perspective and improving people's functional ability as the main goal for older people.<sup>39</sup>

It is not just a matter of care itself, it's an issue that the Inter-American Convention on the Rights of Older Persons is asking for, the Convention on the Rights of Persons with Disabilities is telling you, the latest United Nations review agreement regarding older women and care is telling you. All international organizations are telling us, which are also bodies where Chile has ratified its participation. (YP team interviewee)

Second, the experience of countries implementing LTC systems around the world also increases the idea that this is a feasible solution. For example, in the region, Uruguay has an LTC system in place, while Costa Rica and Argentina have already made progress on similar initiatives; candidates used them as references to

support their proposals. In the case of Chile, the experience of the pilot program “Chile Cuida” also served as an example of what can be done in the future.

You know, there is a National Subsystem of Dependency Support and Care, right? That has been part of Chile Cuida. We want to invest more in that, we want to strengthen it and we want other systems to be integrated there, other programs that are working . . . (GB team interviewee)

In terms of the policy stream, the advocacy of international organizations and other countries' implementation experiences have served as policy entrepreneurs to move forward the implementation of LTC systems. From the collected data, it is not clear whether policymakers and politicians involved in the campaigns acknowledged the complexity of implementing LTC systems. They may have preferred short-term and quick-results programs that offer political profit within their ruling period without necessarily considering that implementing a national LTC system could take more than one governing period. It is possible that candidates were using the concept LTC system when in fact they were referring to one or a few LTC programs.

### **Politics Stream**

The third stream identifies political shifts that increase the topic's awareness and urgency, bringing LTC onto the political agenda. Based on the interviews we identified at least four events within the politics stream that increased the relevance of LTC in the political debate.

First, the feminist movement that gained momentum after the “Me too” movement, with several civic demonstrations—mainly driven by secondary and college students.<sup>40</sup> The discussion on women's role and the need for a feminist approach to understanding society's contexts and challenges have continued through the years and is still present in the political debate; in fact, one of the main slogans during the presidential debate was the incorporation of a feminist approach to both the design and implementation of public policies. In this context, society and politicians have acknowledged the higher burden faced by women regarding the provision of care—including their exclusion from the formal labor market—as well as their unrecognized contribution to society.

Women are the ones who almost always assume the tasks of caring for childhood and old age . . . therefore, the social protection and integration agenda must incorporate a gender perspective. (SS proposals)

Secondly, the social outbreak that started in October 2019 worked, undoubtedly, as a political shift. Although the trigger for the protests was the increase in subway fares, at the heart of these demonstrations was a feeling of deep and long-lasting inequity, faced by people in areas such as education, health, rights, and income distribution. In this environment, the topic of LTC arose strongly, mainly regarding the State's role in providing social security, given the long-standing debate about segmentation and effectiveness of the pension and health care systems.

There are mainly two issues that have to do with it: the pandemic ... and a social security recognition, which has to do a lot with the social revolt, right? That had to do with the precariousness of pensions and promotes to value care work and pensions, universally ... (GB team interviewee)

The uprising events were channeled politically, leading to the third focusing event: the process of constitutional change.<sup>41</sup> Even before the presidential election, the topic of LTC was included in the constitutional debate since some of the 155 constituents belonged to LTC-related organizations. In fact, the “right to care” was accepted as one of the proposals to be discussed in the constitutional debate and was approved as part of the new constitutional draft.<sup>42</sup>

... we have constituents that arise from caregiver organizations. Today there is an organization called “Yo Cuido” that has two formal representatives in the Constitution ... so we hope that this is a right that is going to be assured, not only in the next presidential term but also in the next constitution. (YP team interviewee)

The constitutional draft was rejected in a referendum with mandatory participation held on September 4, 2022.

A fourth trigger was the arrival of the COVID-19 pandemic that, hand in hand with long quarantines, revealed the fragility of care networks. On the one hand, the COVID-19 pandemic restarted the discussion about the conditions in which some vulnerable populations live—for example, older people in LTC facilities. Around the world, several countries reported that this population was severely affected, reopening the debate on the need for reforming LTC institutions and improving national responses to people with LTC needs.<sup>43</sup> On the other hand, the pandemic also brought changes in people's living arrangements: due to lockdowns and restrictions, many people were confined, including older people moving into family houses and children staying at home for school. This new reality made

evident, for many, the challenges, and problems of people who, even in “normal” circumstances, must provide care services to people with LTC needs.

I believe the pandemic was our great ally, with all the bad things it had, but it showed us ... just as it showed that people lived overcrowded, it showed that there were a lot of people who needed care and did not have it. (YP team interviewee)

No doubt these four detonators helped increase people's and policymakers' awareness of the relevance of LTC and the need to address it. Allegedly, they also helped increase support for potential LTC policies. Of course, the election year worked as a policy window and an opportunity for politicians to transform these feelings and demands into policy proposals.

I think that today there is a tremendous opportunity, and I am super happy because this is a topic, because there are many of us who have been installing it in different instances, different times, different parties, different sides, for care to become a topic of relevance. (YP team interviewee)

## Discussion

This paper focuses on the case of Chile to understand why LTC became part of the frontline political agenda in the Presidential election campaign of 2021. We drew on Kingdon's framework to understand how the problem, policy, and politics streams were aligned and LTC was brought to the fore. Although the country implemented several LTC-related initiatives in the previous years, the debate has been usually framed as aging and not LTC policies.<sup>26,44</sup> Also, the discussion of an LTC system is rather new, which gives a different approach to the policy debate: a comprehensive one based on LTC as the problem.

Regarding the problem stream, by 2019 there was sufficient data to underscore LTC as a public policy problem. Along these same lines, by 2019 there was also enough comparative experience, promoted by international organizations and regional countries, to identify feasible policy alternatives to address LTC problems. With these two streams well advanced, four events (the feminist movement up to 2018, the 2019 social outbreak with the constitutional process, and the 2020 COVID-19 pandemic) advanced the politics stream to position LTC at the forefront of the political agenda.

Overall, the Chilean case study may be useful for other countries seeking to bring LTC to the political agenda. Though the demographic change will push the “problem stream,” high-quality data will be necessary to ensure that there is enough support in recognizing the

problem as such. The continuing implementation of LTC systems around the world will also contribute to building a global “policy stream.” Countries need to be aware of events that could open windows of opportunity for LTC problems and policies to be discussed. Activists, policy entrepreneurs, and politicians, while recognizing these political opportunities, could shape the debate to create the necessary political space. Also, these results are relevant for generating changes in other policy areas that have not reached the political agenda in Chile and other countries, such as social inclusion, informal work, and environmental policies.

There are some limitations to these findings. First, we drew on a reduced number of interviews and not all teams were represented. However, our sampling strategy enables us to accurately represent the views of each candidate and their associates, providing a complete perspective of the political actors; also, the information for the interviews was complemented with the analysis of documents. The external validity may also be a limitation of this case study; insofar as the Chilean context may not necessarily illuminate the determinants for the political debate in other countries. Finally, we acknowledge that other data sources could enrich the campaign programs and analyzed interviews that include, population surveys and perceptions from other relevant actors (e.g., civil society groups). However, the results of this study could guide future research in this area.

## Conclusions

The process of LTC discussion in Chile, which started with the presidential campaign, is still ongoing. The new government has proclaimed several LTC-related initiatives. For example, four months after taking office, the government announced the start of the design process for a National Care System. This represents an advance on the current state of different programs and policies related to LTC, and a concrete step toward the implementation of an LTC system in the country, including the coverage expansion of programs already in place, like the Local Network of Support and Care and the establishment of a National Registry of Caregivers.<sup>45</sup>

However, the inclusion of LTC (or any other topic) in the political agenda—although a necessary step to move from ideas into action—is not sufficient to ensure the implementation of the policy or the implementation of a good policy; in fact, no discussion about the concrete characteristics—i.e., funding, human resources—of the future LTC system occurred during the interviews<sup>46</sup>: now, the topic needs to face technical and political

discussions before seeing the light as a concrete public policy, including the process of designing the LTC system and the legislative debate.<sup>47,48</sup>

In the case of Chile, several uncertainties remain in the design, finance, and implementation process. Policymakers need to navigate the technical difficulties of designing and implementing an LTC system while keeping the principles and values of the campaign proposals that originated them.<sup>16,46,49</sup> This requires, in turn, a long-term commitment in a medium-term political cycle, requiring consensus and more time and resources than initially planned.<sup>12</sup>

With the country facing this new stage regarding LTC, it is important now to understand the factors that can facilitate and promote this debate. This article shows the importance of information and data, as well as international experience and collaboration serving as policy entrepreneurs pushing for LTC inclusion on the political agenda. To continue working on these topics Chile must keep the policy window open for new changes.

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## ORCID

Pablo Villalobos Dintrans  <http://orcid.org/0000-0002-2236-6447>

Trinidad Alliende  <http://orcid.org/0000-0002-9753-9243>

Josefa Palacios  <http://orcid.org/0000-0001-6450-971X>

Jorge Browne  <http://orcid.org/0000-0001-6586-7084>

## Ethical Approval

Ethical approval granted by Universidad de Santiago de Chile (USACH), reference number 391/2021.



## Informed Consent

All participants signed an informed consent prior to the commencement of the study.

## Data Availability Statement for Basic Data Sharing Policy

The data that support the findings of this study are available on request from the corresponding author [PVD]. The data are not publicly available because it contains information that could compromise the privacy of research participants.

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## Appendix Interview guide

- (1) Could you describe your position within the campaign team and how did you get there?
- (2) The term “care” was not included in the presidential candidates’ proposals of previous years, however, in these presidential elections it’s included in most of the candidates’ proposals.
  - a. Why do you think this happened?
  - b. Why did this happen within your campaign team?
- (3) What was the process by which “care” entered your candidate’s proposals?
  - a. The identified problem
  - b. Triggering actors or events
  - c. Actors involved
- (4) Regarding your team’s proposal on “care”:
  - a. How is “care” defined? What are the problems associated with “care”? Why is the “care” issue important from a public policy perspective?
  - b. What is the target audience of your team’s “care” proposal? Who are you addressing in the proposals? Who should be addressed in public policies related to “care”?
  - c. What is the specific “care” related proposal? Could you define its central aspects?
  - d. Where would this proposal be located? (Ministry of Social Development, Ministry of Health, National Service for Older People, National Service for People with Disabilities, Ministry of Women . . .)
  - e. Do you know how much it would cost to implement this proposal?
  - f. How would this proposal be financed?
  - g. What would this proposal imply in terms of what exists today? (Expand what exists, legal modifications, new legal bodies, new institutions)
  - h. Did you formulate the proposal in reference to any model/experience?
  - i. How is your proposal different from that of other presidential candidates?
  - j. What actors were involved in the proposal’s design?
    - i. Politicians
    - ii. Academics
    - iii. People who need care
    - iv. People who care