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Speaker 1 ([00:00](#)):

The Gerontological Society of America, meaningful lives as we age.

Speaker 2 ([00:04](#)):

Welcome to our podcast series on aging and developing countries. I'm Barbara Bowers, American professor at the University of Wisconsin School of Nursing. I'm here with Dr. Jing Wang, assistant professor at the University of New Hampshire School of Nursing. This presentation is part of a series of podcasts focusing on how culture, competing populations, health priorities, political conflict, resource limitations, how all of this influences older people and their families as well as paid caregivers in several developing countries along a trajectory. As longevity increases in nations across the world, developing countries are really starting to feel the impact of population aging. It's surprising to many, I know it was to me the current estimate suggests that by 2050, 80% of the 2 billion older adults across the globe will be living in what are currently developing countries. Our series explores how these countries at various stages in development and with varying levels of resources and different cultures are starting to respond to this demographic shift.

Speaker 2 ([01:06](#)):

Now a bit about China. China has experienced rapid economic development and is now considered an upper middle income developing country with a very rapidly aging population consistent with other developing countries. China considers 60 as the entrance into old age. Almost 20% of its population is currently over 60. There are now over 254 million people in China. Over 60, the number of old Chinese is expected to surpass 400 million by 2040, this would comprise 28% of the Chinese population. In addition to increasing longevity, the one child policy enacted in 1979 has clearly contributed an already falling fertility rate. And the recent relaxation of the one child policy in China in 2015 hasn't really had much of an impact on the fertility rate. It hasn't really reverted back to what it was or even increased. The result of all of this is fewer available caregivers, which is a serious challenge to a country and a culture with very strong traditional family caregiving values and practices.

Speaker 2 ([02:12](#)):

This traditional expectation for elder care is coupled with an underdeveloped, or maybe more accurately, I should say, a developing welfare pension and social support system. Our guest today, Dr. Hong Lynn Chen. Dr. Chen, a social work professor with expertise in aging. She serves on the leadership committee of the Social Work Education Association of China is a committee member of the Shanghai Preventive Medicine Association Branch of Social Medicine. She's also been the Sino Sweden LAN Palm visiting professor at the social work department in Gothenburg University, Sweden since 2014. Dr. Chen was also a Sino American Fulbright Scholar in the gerontology program at the University of Southern California from 2015 into 2016. She's published several books and more than 70 peer reviews papers based on aging and long-term care. Her current research focus on the use of technology to support

older people, certainly a promising area. Our moderator is Dr. Jing Wang, an assistant professor at the University of New Hampshire. Dr. Wang, over to you.

Speaker 3 ([03:13](#)):

Hello Dr. Jang. We are so glad to have you here. Could you first explain for whoever is listening to the podcast now, what the structure for caring for older people as they become more dependent in China as they age? So basically I think from the history tradition that we have a tradition of taking care of old people on their own family. So we, most of us will think it is the offspring's duty to taking care of old people as far as the development of welfare system. I think the society as well as family also want to have formal structure to support old people who he's there and therefore we developed like the work welfare people who have employment and they have some insurance to rely on if they need them. And as for people who don't have a full employment, then I have still have some other arrangement.

Speaker 3 ([04:11](#)):

I think now we would like to divide this topic into two scenarios. One is in rural China, one is in urban China. So in rural China we have uh, launched our rural older people carrying insurance. This was spreading in the Chinese rural area since 2014. And then a lot of people joined them by lans in this kind of insurance by their offspring or by themselves. And global money that they paid for it is around 150 US dollar per year. So for example, in some rural area, they may get this benefit since the age of 55, but some others may get this benefited since the age of 60. And uh, it depends on the municipal governance to implement this policy. And as to the urban area, we have to divide this into two sectors too. So one of the major population would be people who have employment before and the other would be those who don't have employment sheet.

Speaker 3 ([05:11](#)):

So for the people who have employment, they uh, benefit from their old age allowance or in another ways kind of old age insurance too. And they paid from jointly the company and their own personal accounts. So after they are retirement, then this benefit will apply to them in terms of uh, medical insurance, medicaid expenditure, and also some long-term care expenditures. But as we understand this long-term care benefit will also depends on your case. For example, if you were evaluated by a special evaluator that uh, you need several criteria for care and then you can benefit from certain amount of this insurance. But if you don't have this particular scheme and then probably you have to pay by yourself. So in urban area, if you have this hookup or residence permit or residential certificate in this urban area, you basically could enjoy this city level welfare system.

Speaker 3 ([06:13](#)):

Medical care scheme is for people who age 65 and above who would uh, need particular care in their old age. But after two years of pilot study, they decided to launch this long-term insurance. But then this long-term insurance has been introduced to other parts of China. So I think many also focus on urban area too. I don't think currently the rural area has its long-term care insurance. So it's only for urban area. And this long-term care insurance divided into several levels. So they will send a evaluator to your home and to evaluate your functional abilities and then to decide which level you are in and then they will equip with certain amount of care that they could subsidize you. And so I think many people don't pay for extra pay if they receive this long-term care from the government. But some others, if they cannot cover all expenditure, they have to spend some money from their own pocket, which is amount to like 10%.

Speaker 3 ([07:16](#)):

So it's not a huge amount. So that's the overall picture of how it organized currently, at least in Shanghai or many urban areas in China. Yeah. Dr. Chen, you have given us a very nice overview of the new insurance scheme. It sounds like this mostly covers care at home, but does the insurance you described also cover nursing homes? So actually this non-term care insurance applies to everybody. If you are a resident in this municipal region and you are qualified to enjoy this kind of welfare system, this applies to both institutional care and in home family care locations. So if you are qualified to several criteria, but for example if you already live in the institution and these uh, institutional governance will send you a data and then to set out the accurate level that you need. So the government will pay this nursing home and instead of paying your own family household.

Speaker 3 ([08:19](#)):

So in that sense, actually the money goes to the caregivers who deliver this long-term care to you. So if they provide care to this residents in their institution, they can receive this long-term care insurance reimbursement. So that's what the arrangement. But if you are living in the community and the evaluator come to your household to evaluate you and then they will send the qualified practitioners to deliver a service to your household, and that is, it's actually very similar setting. So the money would be the same. Okay. To follow up on what you just said, does the money for home care go to the family or directly to the caregivers? I think that goes directly to the caregivers, which is the qualified practitioners. So for example, Shanghai and ministry government organizer training for this kind of, uh, caregiver is professionals. So to deliver those kind of service to people who live at home or institutions and the money goes to their allowance or goes to their part of the payment but not goes to the individual results.

Speaker 3 ([09:26](#)):

And if in the nursing home that's the same thing. So the institution will get some funding from the long-term care insurance paid by this insurance to their institution. But the final bit, the money will goes to practitioners who deliver this care to their recipients. So there was, once the discussion announced to the Chinese government and as, as well as this academic build that should be encouraged informal uh, money kind of support, financial support for people to deliver this informal caregiving. For example, if the elder people want to hire a relative to take care of them and they will get specific from the government or from the insurance directory. However, I don't think this kind of thing has been implemented. Okay. How about hiring caregivers at home then? That's my estimation because there would be a real lack of a real shortage of human power who can deliver.

Speaker 3 ([10:22](#)):

So, and if the family still have a tradition to taking care of all people, it would be more reasonable to bounce them or to give them a little support in that perspective. Uh, we noticed that actually a lot of caregivers, they cannot deliver their service on on home. So previously they came to the household during the daytime or sometimes in the evening they can accompany all the people who wanted to raise by charge for certain fees. But in the at d time, it's very difficult to do so because every household has a strict uh, rule of uh, visitor. So most of the caregivers were performed by their family members and if the family member have to do that like 24 7 and they actually cannot go to work. So for people to think about uh, some welfare arrangement in that se. So I think there would be a possibility of thinking about this arrangement late in the future.

Speaker 3 ([11:16](#)):

Thank you Dr. Chen, this is so important. And could I go back to something you said earlier? I believe many older people in China spend much of their years with their children. They often provide care for grandchildren in the city, different from where they have formal residents. They choose to live in a different city with their children and their grandchildren and provide care. So in that case, how would health insurance work for them? When I understand that the health insurance in China is connected to people's former residents. So what happens when they spend time in a different city where they don't have formal residence? So that, as far as I know, if your mother or family moves together with you with the adult children to uh uh, city of Shanghai, they don't have the local insurance. Okay. So they don't have the local insurance. So how would insurance work for them then?

Speaker 3 ([12:15](#)):

So it will be a process offer combining the insurance from your parents's previous employment place to Shanghai as a new residence household and then when it come to Shanghai with their adult children actually have life for a resident permit. And then you don't automatically have this uh, right to enjoy the local welfare system and it will be take a few years for you to kind of integrate into the system. In reality, for example, if you go to hospital, you cannot use your medical insurance and even if you have a medical insurance card from other provinces, so this is uh, kind of for institutional barriers that Chinese government are thinking about solutions to that already. So we would probably expect in the forwarding two or three years this will be turned into reality. So previously for example, if I took my mom to visit a doctor and then uh, she actually cannot pay from her medical insurance card, she has to go back to her own residents area, household like co cogi registration area to claim the reimbursement from that um, medical unit.

Speaker 3 ([13:28](#)):

So it is actually in reality it needs some process to implement those connections. So if you don't have this local council of registration, if you are not registered resident in the area, perhaps you can participate in the community activities activities because you were reside here for like at least six months and then you will be regarded as a resident. But then uh, in terms of social welfare, you need some work formal, more procedures to go through. So household really matters a lot. Uh, if you're thinking about Shanghai's caregiving services. So could you talk a little bit more about what are the home care workers and who works in nursing homes? Basically there would be probably three kinds of nursing homes in Shanghai, if I can say it. Big Shanghai is an example. So one is private, the other is public. So the government funded it completely.

Speaker 3 ([14:28](#)):

And the third would be the uh, governance but then um, wrong by private sector. So those are the three basic, uh, categories of nursing homes in Shanghai. So in terms of the money they get, the funding that they get, they charge different things and of course and uh, if they can provide different categories of service. For example, not every nursing homes in Shanghai could provide care unit for people with dementia. So if you provide this care unit and then you charge more. So if you provide services for people with special needs and you charge more, particularly for people with um, disability, we have different layers of disability degree. And then if you are completely relying on dependent on other people and then they will charge the most expensive fees. So based on their level of dependence, how would they provide the care then? Mm-hmm talks about the nursing homes in Shanghai and most of the nurses for s out from other places, they are what we, so for like migrants, migrant workers.

Speaker 3 (15:32):

And it's different than migrant workers in United States because <inaudible> you're talking about people from our country, but then here in Shanghai we talk people from other provinces and only like around 10% of them are from local residents working as caregivers. And so majority of them are from other provinces in Ton to Shanghai. And they apply for some kind of informal job. And then when they gain some uh, experiences of caring all people and ly they're working in a private sector, in a private nursing home. And if you are like high level or at the nursing home, they will provide some uh, training session for these caregivers. So after they get some experiences, it's very easy for them to find a better job because amount to these caregivers and most of their uh, needs are actually getting a more payment to support their family in other places.

Speaker 3 (16:25):

So for example, I support their children for education or support their own parents to make living. And so they prefer of course higher payment. So if you wanna talk about some service in detail and even if there's only um, like 20 US dollar and also payment, they will probably to jump into another job. So that's the common stories in Shanghai now. But I think it will change for example, like you know, coming 10 years or so that we need more like nurses and also like the care A and that will be some challenges in bru too. I know we've talked a little bit about this when I was asking about the health insurance. Could you talk about why people come from other provinces to the larger cities like Shanghai in China? Why there aren't more local people doing this work? Well, I think this is interesting question.

Speaker 3 (17:26):

I don't think it is not a desirable place to work, but probably they think it's not a desirable industry for them to do those kind of jobs like caregiving jobs. We also perhaps situation is changing, but uh, according to the data that we conducted, the field of Technication as well as its in-depth interview announced that the several agencies, both public and and private amongst these caregivers, they have strong kind of uh, self image and they don't think this is kind of a presentable job, most of them. So there are few of them feel proud that they can perform job very well and they kind of, uh, feel proud. They become uh, a caregiver, but majority of them don't think it is a decent job. And they think these are low entry level and don't need very skillful techniques. They have houses and probably they own life faculty which actually worthwhile to for them to support their living.

Speaker 3 (18:26):

And if they rent some household outside, they can get a good rent to support their daily living. So in that sense, not many people would love to go to work and if they, I mean to do job in the nursing home and if they have certain amount of resource themselves, they prefer to even not working, you know, and to stay home. And in another study that I conducted in the community level and many of the people we interviewed actually are from Shanghai local people, but they are kind of uh, caring volunteers working in the community and uh, age of about range from like 40 to 65 for example with the government, like the subordinate government sector would be the community or neighborhood. And that neighborhood would like to invite them to do this kind of caregiving job within the community for a particular household, like make connections once a week with them, with the household that need to compare of and also get connected to old people who are living alone and so and so forth.

Speaker 3 (19:25):

So those are the caregivers in community who get hired by the neighborhood, but then they don't feel like that, uh, we regard them as who you, I take this in, talk together with Dr. Wong and they will like to be regarded in another profession. So they don't like their original sentence would be, I'm not like the caregivers from other provinces. I'm not like migrant workers, I'm employed by the government. So even they are delivering service for old people when they are doing similar job with some migrant workers. They don't like they will be regarded as the same <laugh> as is migrant workers. So in those things I think um, it's about the value that they performed in this profession. We feel this profession is our basic level and uh, has not many like respect cannot receive many respect from the society and even it's <inaudible>. So that's kind of the situation that I noticed.

Speaker 3 ([20:23](#)):

That's very interesting. I think it's the same in many places that caregiving work, especially for older people is considered not very good, not very respectable. What do other people think about caregivers? I mean, does the public also see them as low level workers? I think most of them appreciate the people who can support them as a caregiver, you know, like deliver respite care for them to taking care of those, uh, their parents with dementia and once a week or several hours a day and something like that. So, uh, in their conversation I notice that is less prejudice, you know, less negative symptoms or or worse towards them. So I think they pay them quite well if they hired by a private family because they need them. And also this care job is not easy and it's going to be very demanding for people who taking care people with dementia too.

Speaker 3 ([21:21](#)):

So I think the things are changing but uh, it still need some time. So if you are talk in public, probably in Shanghai government has done a great job to advocate the importance of caregiving job in this aging area. For example, in some show or some uh, particular programs. Also the government has supported in great distance to educate those caregivers to be more professional. They, it takes time for people to recognize them, to acknowledge or contributed to their family, to the society and also to the community people who work in three types of nursing homes. Is there a difference in who works there? Are they nurses, are they volunteers? You know, the three categories in nursing homes are caring aids. I think this is more accurate to describe them. They're not nurses and of course they're not volunteers, they get payments. But if you think about this, uh, function of those care is, and they're not delivering medical care course, so they, most of we are carrying a daily living per se.

Speaker 3 ([22:27](#)):

So for example, support, uh, those kind of the routine and caregiving process and the educational training that they get actually vary. I think most of the agency will require are people who working in the institution have the basic level of uh, professional qualification. I think those kind of training were organized by their local government and but this training only like last four, two weeks and two weeks for you to have an entry level to work in Anderson home. But they will provide continuous streaming in many programs. Some of them delivered by NGO o, some of them delivered by government. And as far as I know for the public nursing home, they will send their caregivers to this streaming from time to time because they are required to sponsor them and also to send them to children regularly. But in the private sector, I'm not quite sure.

Speaker 3 ([23:20](#)):

Probably if their workload is too high, they will not guarantee we have the time for education, for continuous education. Yeah, so the basic level to get a certificate to work in them in a nursing home would like two weeks as far as I know. Okay. Is there a standard training program or does it vary? I don't think there is a standard training because terms of different organizations for end nursing home, you know, to broadcast to be proud of that they can provide very high level training to their caregivers. So they will say okay, we have this certification training process and this process has been followed by is or something like many 90. So those were kind of from advertisement, but looking into the detail, I don't think this is kind of standard procedure and go government, of course they will also mention a signate and if you think this is the basic level and that could be considered as um, compulsive standard.

Speaker 3 ([24:15](#)):

But then in real practice the private sector can of course higher people don't have certificate and train themselves. So in that sense, I don't think we can say there would be a very compulsive standard procedure. So there is no compulsive certification and training in private nursing homes. Did I understand it correctly? I think so. If they need the human results, they will, you know, find some, their shortage of human safety will find somebody to do this right away. Yeah, it is universal that we are having a hard time finding qualified caregivers. It's the issue in China too. That's why this uh, people who hire for a family as a caregiver or many will be more and more expensive. So the market tells everything, but it varied from place to place. For example, in Shanghai they are trying their best to hire some nursing young aid from other provinces.

Speaker 3 ([25:18](#)):

And I think I contacted with number two, our welfare institution in Shanghai. They hired several people from <inaudible> to graduate from college as an elder caregiving profession. So I think this will be a trend in this major cities and also in rural area it really varied from time to time. For example, in a small or middle sizes town, they have actually plenty of resource, but I don't think the people are willing to work in this nursing home. So it's also difficult for them to find the qualified care aid and even they can provide a certain amount of their you salary, but then the salary won't be charming enough for them to, you know, to work with the industry if they are not obliged to. So it's very from situation to situation, also relevant to the culture and also they're relevant to those institutional arranging to, are these language differences from province to province that make it difficult to communicate?

Speaker 3 ([26:20](#)):

Or is the language similar enough and wouldn't be a problem? Yeah, language would be an issue, but most of the old people, they understand the mandarin, even some of them don't speak very well in Mandarin, but they understand it. So it's not difficult for them to understand caregivers. But sometimes it will be difficult for caregivers from other problems is to understand their old people in a sense. Yeah, this is very interesting. Could we go back to that? Both the personnel who work in nursing homes and home care. What happens if someone actually needs nursing care or more medical care, if it's just care aids? How would that happen? Okay, so Shanghai has several screens to provide a medical care for people who leave home or to a certain home and evening institution. There will be some other arrangement from the institution too, because they will hire nurse or hire a doctor work, uh, particularly in a nursing home.

Speaker 3 ([27:22](#)):



And that's the basic level, that's the basic requirement for you to open an institution to service. So that will be another setting. But in this uh, household, in the community to traverse, to aging at home, then the government has several schemes that you can have family doctor or family nurse, you know, to visit you. But then this theme all covers partial of the none of course. And the long-term care insurance also covers part of it too. But then we have a lot of debates towards that because if people need medical care frequently, this long-term care insurance is not enough to cover all the expenditure. And then if people, some people don't want don't need that or that they may also enjoy this kind of welfare benefits, which is not necessary. So this would be some kind of evaluation and uh, regulation process should be conducted to this type of policy information implementation process.

Speaker 3 ([28:21](#)):

So we are kind of very in still looking at it. And then it's very from case to case. Okay. You said earlier that it's mostly the care aide who work in nursing homes, but it sounds like there are also nurses and doctors who go there, but very few of them because if nursing home who have the capacity of 300 bed, bed for old people and they can accommodate 300 residents in their institutional care and they probably hire two or three nurses and like one, uh, doctor and the doctor is not supposed to be working there for like whole day. So they will have like a particular working hour for that. Is there much geriatric training for the nurses and the doctors who work there? As I know there are lots of places where geriatric specialized training is pretty new, geriatric training is pretty new and I think that it's not enough for not every, uh, nursing homes have a range of that.

Speaker 3 ([29:25](#)):

I don't think it's most common that the nursing home will have connection with nearby hospital. So they will, uh, have agreement with them that if they have special case and they will send them there as a green channel that they code. So they will use those kind of advertisement to attract people who apply for their residencies in institution too. So they have currently like a geriatric ward in the hos in multiple hospital, so like three A hospitals in Shanghai, most of them have GE geriatric ward. And in the community level, I don't think there would be enough trained medical doctor who has theoretical knowledge. So what happens if someone does not have residents in the district and they go to the hospital? Will they still treat them? Of course they will treat them, but then the mother will paid by the own person and not covered by medical insurance in this uh, municipal area.

Speaker 3 ([30:22](#)):

What happens if they don't have any money to pay? They don't have enough money to pay. If this client will transfer from the nursing home, that will be a rent by the nursing homes. But if uh, all people who needs urgent care, they will go to their hospital themselves. And the situation really varied. I think, uh, some of people they don't have multiple benefits and if they have had somebody to pay for them, that's India, that's mostly their way. But if they don't have any payment but not any money with them, uh, it depends on different hospitals. Some of those people are more one, I mean they can support this immediately, but then some other institution they probably, I think that the problem is that it's too busy for everybody, particularly for the hospitals. They have a lot of patients all the time. So we don't think they have been not clear or enough systematic arrangement for people who don't have money with them to go to the hospital.

Speaker 3 ([31:22](#)):



So here's my question. If you were to select a nursing home for your family member to resign in, how would you do it? I mean, what are some of the factors that would affect your decision? Like how would you choose a nursing home? So you supposedly that if I send my uh, family member to a nursing home, I think I will just send them to some reliable, uh, connections with my academic experiences because some of them have very close relationship with my academic research. So I know they're quality them and I know how did they perform their daily caregiving process. So that's my first concern. And actually that's common practice of letting Chinese support to, and they will address their quality care by other people's referral and other friends referral. And the second probably I would say that some of the acquaintance who run this nursing home, they really deliver, uh, horrible care for this, uh, their residents.

Speaker 3 ([32:25](#)):

So there are, uh, nurses or RAs are considerate and also they are very, uh, responsible for their caregiver giving pain. And also they have a system of to like evaluate their working performance, think it is trustworthy, you know, to send them to those, uh, institutions. I think they, they can provide, uh, basic care very good, very well. But then I don't think it, it can fulfill other levels of needs of this not particular person that is what we call like person centered. Uh, so I don't think they can, uh, deliver those kind of desirable care for each person and they did not deliver a kind of, uh, routine, uh, and their routine level would be set up to at this moment. This is interesting. You mentioned evaluating the care. How is the care evaluated? Is there a standard or each organization figures out how it's going to do it?

Speaker 3 ([33:24](#)):

I think it's most likely about each employer in China, at the end of the year or every kind of season, they have an evaluation for their work performance and in the nursing home. And I think the, the some of the nursing home that perform this kind of evaluation every year and some of the institution perform this kind of evaluation every half year. So they will kind of have a evaluation from their administrative team. For example, the principal of this nursing home and also the vice principal is nursing home. They will probably conduct this performance evaluat process and also this connects to the payment of the annual payment. For example, they have a a monthly salary that at end of the year is very common to them to have a bonus. And then how to divide the both level is actually connected to this perform evaluation form, but is really varied from institution to institution.

Speaker 3 ([34:22](#)):

Some of institution have very standard procedure and there are human resources kind of tied in and they have this every checklist for every people's perform. But then in most of the agencies, I don't think they can spend some to spare a human resource officer to take care of this. So most common agency legal who in governance of this place will inform this procedure to decide who have how much proportion of owners at end of year is a institution staff. Okay. So it sounds like the evaluation is done more about how each staff person performs rather than the outcomes for the whole organization. It's really sort of like focused on the individual staff. Yeah, but then you remind me about something else. And actually the government have, particularly from civil affairs office, they have regular ventilation towards all nursing homes in their municipal region. So for example, every half year they will hire some kind of external evaluat to go to the nursing homes to conduct it for cancer, like standard form to evaluate their performance.

Speaker 3 ([35:38](#)):

And now to the nursing RAs is for this whole detention and that was performed annually or twice a year. Two. So what do they look for? Like what do they actually evaluate? It's not structured questionnaire and they have this hardware for software, you can divide it into two parts. So software probably regarding to this caregiving qualification or this implementation process from this, uh, actually I think they don't interview their caregivers. They interview probably the only the master of this place. So the variation is kind of routine, but then they have some objective indicators too. So the team will look around and also we will look at the facilities and look at particularly the safety arrangement and also the functional area that they can some services. So to look at the hardware and then choose for them. And that's one part of it. But to the subjective part, I think very few of them will have this to improve this <inaudible>.

Speaker 3 ([36:46](#)):

What do you think people look at? Well, one of the women men is money to charge. So some people will judge them by their fees and also how do they match their fees, what kind of service that they equipped with this fee level. And uh, besides that, they probably will hear from other trends or some others people's recommendations. So that is the major resource for, to make decision when they have to choose our institution to live. And uh, of course there would be some more advertisement with the agency will deliver some material about the qualifications or some good politics of services. Then also some good stories for them that they could get. But I think the first two reasons would be most important and I think there would be some other factors affecting their decision making process too is to make it is relevant to a location.

Speaker 3 ([37:44](#)):

So most of the people who wants to arrange are our institution care for the family member. They were looking to the travel distances. For example, they want to visit their parents and on weekend and they will choose, uh, closer by institution or at least not so far. I have a, a good friend who want a very cozy nursing home, but in a suburban area, Shanghai in <inaudible> and it's of course it's like two hours even driving, if driving even takes you two hours to go there. I think even a quality is very good. Again, not many people would like to send their things there. You said they evaluate services. So what would you look at in terms of the services? There were more than 80 categories of service home and I I think they, they categorize them to different dimensions. For example, you can have sleeping problem and then it will take care of those sleep problems.

Speaker 3 ([38:43](#)):

And also if you have some food or digestion problem, probably they will kind of categorize those kind of services in, in those categories and also they will kind of judging you by your functional ability. So we know that IDL have like eight indicators. So each, the indicator probably they have some, they haven't put some kind of service towards that, but they have wider dimensions. I think it's developing, for example, you can deliver service in the daycare center in the community. They, they're also providing like more than 50, you know, categories of caregiving process. And then you'll probably evaluate this client when recruit it and then to identify several categories that they need this kind of service. So if you evaluate the survey that uh, he was receiving, probably you will get a similar form that what kind of service did you get and how did you evaluate them?

Speaker 3 ([39:42](#)):

And as I'm satisfied with this part and I satisfied with this process. So when started sector, for example, like our non government organization, we will purchase the service from a government and they deliver servicing community for the residents there. And they will always have this evaluation process. But then the evaluation as you notice is actually very crucial. And some of the evaluation process will be just a very simple apps in this smartphone. And then you, when you finish this, uh, service in their home and you'll ask them to score you, it's like you go to our bank and then you have to send out an option in this, um, that <inaudible> or not or or anything else. So that is the common way that the NGO will perform this kind of <inaudible> because they have to report to government and how they carry sequence rather their service policy.

Speaker 3 (40:42):

Besides that, I think in many other instance, and then probably this, uh, government will deliverance evaluation, they will have similar structure to evaluate this kind of particular services that get, and they will probably ask this, the people who in charge of this nursing home about those character to ask themselves to report about quality that they deliver the service. So in my understanding, I don't think it's in valuation to really hire the residents or ask the residents, uh, experience. But the republic nursing home, I think many people do if they have the service sector evaluation and their evaluating team will come into people there. Can you say a little bit more about who would go to public versus private? Is there a just a matter of you have the money, you go to private or it's kind of different in the context. In China, actually some public nursing home has really high end quality, but then the capacity is limited.

Speaker 3 (41:52):

So not every people can have this same choice to go there and we have to come in line. So it really matters what kind of your chance that you get. But to the private sector and some of the institution charge on high and probably they can provide very beautiful like structure for you to eat a more spacious place and, uh, more better quality of food. But in terms of the, you know, other kind of professional service like rehabilitation or Alzheimer here, and it's actually really depends on, so it's not a matter that you paid more, you could really have enjoyed better quality of service even in public service and you can enjoy very, uh, wonderful, excellent services too. Okay. So anyone technically can go to a public nursing home. You just have to wait in line. And who affiliated with this graphic area? The first number one nursing home in Shanghai public one only receives the residents in the <inaudible> area.

Speaker 3 (42:59):

And even narrow it can only receive, uh, residents living nearby neighborhoods. So it is divided by the geographic. They don't have concerns about geographic. So Dr. Chen, what do you see as the biggest challenge for care of older adults in China? And what do you think might happen in this universal environment that we are in shortage of, uh, caregivers no matter now or in future? So I think probably we have to think about better replacement for the human resource. And one of my research area would be doing technology and we're thinking about to support all the people in their needs by different techniques and also equipments. But then it is time to go through and also if you rent something that in no expectation you will help all people, maybe the old people don't like the themselves. So I think those are all challenges for the future society.

Speaker 3 (43:56):

Yeah, I think the government is looking at it. And also last year I was the principal investigator of number four teams by plan in Shanghai's government. And they are implementing this smart city for care of

people plan. And I want to encourage the capital and also this market to focus on developing those many equipment and smart settings for all people to support them in their own in independently and even they are disabled or something, but then they come up with their man, it's not an easy job. And they also have this long process of doing some pilot study as well as, uh, to receive this feedbacks from the clients and also to modify them and improve them. So can you say a little bit more about the smart environment for older people? Okay. It has like several settings for profit and they asked me to provide a basic structure.

Speaker 3 ([44:51](#)):

So the very beginning they sent out a core for this government, founded a research project and it's also a government consult me, uh, you know, research project. And then, so I took this project up because several people were applied and then they expected, then I was the one who granted it and then they sent me their expectation. It's like there are already many industry devoted, their money and effort and also human resource to investigate or doing research in how to support our people with smart devices. For example, information technology. And we are, uh, technology robot and computer sciences, some devices on that or some kind of sensors. But then they feel that if there is a product, and also there is our old people group who need this kind of support. And it doesn't mean that they will, the two of them will go with each other very seriously.

Speaker 3 ([45:43](#)):

They think they need a real, uh, study to look into, uh, what happened and why this product is not in favor of old people and how could then really benefit other people with the support of these smart device devices. So many of the, of the company actually have some inventions about, uh, uh, those kind of products, but then they didn't sound well. Well, so for example, if they want me to identify the major domain that the old people may need help. So I, I identify like the food delivery and also people with disability and uh, people with Alzheimer's disease. And I think I identified eight kind of scenarios for them to look into this real situation. So when this kind of needs will happen, the old people who cannot cook, that they have to have this delivery, what kind of service they want and what kind of, uh, proper payment, uh, function they would, uh, be, uh, comfortable with.

Speaker 3 ([46:41](#)):

So those are the real scenarios that, uh, the company would like to know as well as government would like to sponsor. So, uh, there would be like eight categories that I, uh, deliver this kind of report to because it's a one year project and I think I set out the priority like, uh, to meet and to move around and, uh, to, uh, avoid disability and also, uh, for people with, uh, uh, Alzheimer disease that will go out and get lost. Those kind of barrier would be the most urgent. I I of course there a medical consultation too for the internet and medical consultation. So I think I also give this, uh, like the final report. Like first of all you have to educate all the people themselves and how to get news to this information technology, for example, how to use the existing technologies to really benefit them.

Speaker 3 ([47:33](#)):

And if you ally when they're old, then it's not enough, it's not useful and you have to do it in the lungs and how to do it. And there are are huge body of college for older people. Uh, so I, the government devote some resources to educate, to use this kind of elderly college to deliver those, uh, kind of information technology education program to them and so that they can enjoy more benefit from this improvement of technologies and for certain other scenarios. For example, for the people who get lost

because of dementia. And we, uh, identify several key products and look at the, the shortcomings and we interview all the people and see what they would like to improve them and also the caregivers too. And for this like internet, um, medical consultants in services and we interviewed the nursing home masters as well as the, the older people themselves and how we likely to deliver this kind of service.

Speaker 3 ([48:31](#)):

Even both sides are institutionally qualified. For example, if you, you have to have the service delivered in the institution for people live there and you have, uh, to guarantee that this medical unit is qualified and also this nursing homes qualified to be engaged in this mutual agreement. And then this internet kind of medical consultancy created be paid by this medical insurance of all the people and if there's no nursing grade agreement and they cannot actually pay from that. So, and that encouraged the nursing home to <inaudible> towards some of the medical unit and how that is happen, how will support a more intimate, uh, internet, uh, diagnosis. So it actually is very difficult. It do implement a real scenario. For example, the speed of internet. There is two. So I think the government really think it's necessary to employ advance technology or develop the technology to support people who need better, particularly for all people.

Speaker 3 ([49:31](#)):

So I think they are paying one more attention and they're aware that there will be a real shot of caregiver in <inaudible>. So they are trying their best to build more, you know, support for that technological thing where people with dementia, we don't think we have particular medicine to, uh, be very efficient to rescue them or to recover from their, uh, symptoms. And then we recognize that actually non-pharmacological intervention, uh, play a role. It actually is worldwide and if you wanna promote brain health or some behavioral health and always if you have, you know, this kind of anthropological practice regularly, it will benefit you. And there are so many mis ritual talking about this, but then it's not enough I think because, um, it depends on what kind of people you are. If you have less perseverance of positive effects effect that you performed. And then, so I'm thinking about to come back with this technology together with, uh, Alzheimer's disease intervention.

Speaker 3 ([50:28](#)):

I'm thinking about to work together with business build and to uh, develop some kind of practice tool and then to encourage or some other kind of function to like encourage people, uh, would like to join this like intervention process and can also, uh, maintain it as as long as possible. So I have like a platform for WeChat duction with our, uh, WeChat apps, the public account for the logical dimension process. And then we have several tools that people can use at home. For example, some meditate medical release, so those kind of, uh, legal identity temple form every day and also some non finger exercise and uh, some body exercise. We have videos on them and we also produce regular paper that following this, uh, recent publication from one white and talking about this, uh, nonideological dementia. So, uh, those are the things that I'm focusing and uh, I hope there'll be something really, uh, innovation to support people to maintaining this exercise in those kind of activities like anger, exercise and all other brain health exercise too.

Speaker 3 ([51:39](#)):

But then it is really need our mechanism to keep you in it. So we take references from like kink, there would be some other apps that we use regularly in China and, uh, we'll take references from other apps too that, uh, we are, we are looking for resources and also looking for our, uh, super person who can

develop with this, uh, basic level software into more advanced one that can benefit more people, particularly for people who live in rural China. Thank you very much, Dr. Chen. You and your team have been doing amazing work to improve elder care in China. Thank you again for being our guest today.

Speaker 2 ([52:17](#)):

Thank you so much, Dr. Chen. This has really been interesting. China's clearly made great progress toward developing a system to care for its older people. It's also clear that China is grappling with the impact of increased longevity and lower fertility rates, as are many other countries not just developing. So finding new ways for the government and private sectors to supplement the care provided by family seems to be a current focus of efforts in China. I think worldwide, this is also a really important issue, like what's the balance between family and government support. It's also interesting that finding qualified staff, working out how to pay for services, raising the image of the care worker, equity for rural residents, and finding a balance between social and medical care systems in China, as well as these are common issues across developed and developing countries, certainly faced in the West as well. Despite the many differences between our countries, it seems there were some real opportunities for collaboration between the US as well as other western countries in China. Some great opportunities for collaboration and cross country innovations. I think. Thank you so much for a really informative discussion of aging in China. And thank you Dr. Wang.

Speaker 1 ([53:25](#)):

The Gerontological Society of America was founded in 1945 to cultivate excellence in interdisciplinary aging research and education to advance innovations in practice and policy. For more information about GSA, visit [geron.org](http://geron.org), [GR n.org](http://GRn.org).