

Community Care in Practice:
Dementia, Space, and Collective Resilience in Pingxi, Taiwan

by

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Presented to the
Committee on Degrees in Special Concentrations
in Partial Fulfillment of the
Requirements for the Degree with of Bachelor of Arts
With Honors

Harvard College
Cambridge, Massachusetts

March 13, 2026

Acknowledgements

Writing this thesis has been a labor of love, whose support I could not have gone without.

Professor Jennifer Molinsky and Professor Sheng Hung Lee, thank you for taking on the task of being my thesis advisors. Your bountiful guidance has shaped my passions into an endeavor of searching for a more caring and compassionate world.

Professor Megan Panzano and Allie Palmore, thank you for helping me find the shape of something I cared deeply about but could not yet name. Your early contributions pushed me to become a visual thinker and designer. My thesis found form under your direction.

I'd also like to acknowledge the assistance of the Harvard Urban Mellon Initiative, for allowing me the opportunity travel to Pingxi, Taiwan, and to the Special Concentration ABLE Fund and the Fairbank Center for Chinese Studies for their additional support.

Finally, to my mom, dad, sister, brother, and grandma, for being my rock and everything in between. This undertaking is the fruit of my village.

In loving memory of Choi Yiu Wan, 1948 – 2023.

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Introduction



Figure 1. Photo of 爷爷 (ye-ye) eating dim sum.

The room is loud, there are many people. A woman just placed food on my plate. I will eat now.

My grandfather, my 爷爷 (ye-ye), and I are sitting at the dim-sum restaurant my dad, his son, has worked at for the past 13 years. My grandfather goes here every day so my dad can watch over him, and it is on weekends that I try to go with. I ask, “好不好吃啊?” [Is the food good?]

I look up, I think the woman is talking to me. But I am not sure. I keep eating.

Ye-ye does not remember me anymore, often confusing me for my mom or grandmother.

Dementia as an Illness

Dementia is a disease that takes from the mind, the body, the soul, and our patience. The brain may be able to feel but words get caught in translation, like a jungle of vines that twist the tongue. As of 2026, 57 million people around the world, have Alzheimer's, a form of dementia. This number is expected to grow to 78 million by 2030 and 139 million by 2050 (*Risk and Future Burden of Dementia in the United States* | *National Institutes of Health (NIH)*).

Dementia was formally recognized in 1906 by Dr. Alzheimer, who correlated dementia with amyloid-beta plaques and tau tangles visible in brain scans (Assal). Today, it is primarily understood as a biomedical condition, characterized by the progressive or persistent loss of intellectual functioning, and most identified by memory impairment, difficulties with abstract thinking, language disruption, and challenges in reasoning. At the end of the 2024 fiscal year, the National Institute of Health (NIH) invested \$3.8 billion dollars into research, including 495 clinical trials ("2025 NIH Alzheimer's Disease and Related Dementias Research Progress Report").

Despite the large investment into research however, dementia is not lived in our traditionally defined medical care system. After all, people often live eight to ten years after their diagnosis, continuing their life within their places of work, play, and home (van de Vorst et al.). Moreover, the impacts of the disease reach beyond the traditional patient. According to an NIH study, approximately 70 to 81% of people diagnosed with dementia live at home (Schulz and Tompkins), meaning that as the diagnoses progresses, an informally established network of family and friends take on a significant caregiving responsibility, often helping bathe, dress, and feed their loved ones (Brodaty and Donkin). Especially towards the latter stages, they provide around-the-clock care, managing a combination of emotional, physical, and spatial labor (Zhang

et al.). Only when the needs of a person exceed what can be sustained at home do they get “institutionalized” and placed in a long-term care facility.

Instead, Arthur Kleinman, a medical physician and anthropologist, distinguishes a diagnosis into two components: disease and illness. He defines *disease* as the natural and biological phenomenon that can be objectively measured and treated. It is primarily ascribed to a patient in a medical setting. On the other hand, *illness* as the the personal, social, and cultural experiences of sickness. It is the way in which an individual understands, interprets, and responds to their symptoms within a specific context, and how a person lives with the disease throughout their day-to-day life (Kleinman, *The Illness Narratives*; Kleinman, *The Soul of Care*). Kleinman posits that this distinction highlights the gap between how people feel and how medical systems treat them, ensuring that an individual is not reduced to a biological abnormality. Instead, the cultural construction, when properly curated, allows a person living with an illness to maintain their sense of personhood.

I came face-to-face with this definition when I became a caregiver for my grandfather during my high school years. My grandfather’s dementia manifested in a fixation of place. Every morning, he would make the same five mile walk along our neighborhood, going to the doctor’s office, eat dim-sum at his son’s restaurant, and stop at his daughter-in-law’s workplace, before heading into an assortment of grocery stores on the way back. During this loop, caretaking was performed both by the caregivers that accompanied and looked after him, a rotation of aunts, uncles, sons, and daughters, and the fabric of the community through which he traveled. Staff at the subway station let him skip the fare (we would pay for him after), and cashiers at a grocery store let us return the things he mistakenly took the day prior. Unbeknownst to them, treating my grandfather’s diagnosis as an illness provided much flexibility for the both of us, easing the

challenges of caregiving all the while preserving his sense of perceived autonomy, too. Ultimately, this allowed him to live in-place longer than he otherwise could have.

Viewing dementia care through Kleinman’s framework reveals a working relationship between three nodes: (1) caregiving, (2) lived experience for those with dementia, and (3) dementia care design.



Figure 2 . Diagram examining gap between dementia care design with caregiving and lived experience.

The first refers to the capacity for a caregiver to provide care labor, whether these responsibilities are physical, emotional, or spatial. The second refers the quality of life refers to the quality of life for those living with dementia. As aforementioned, approaching the diagnosis as an illness is the step towards greater dignity. The third, dementia care design, can be broadly defined as both the built *and* social environment provided for those with dementia. It is the spatial support system that one living with dementia may rely on, including neighborhoods and community plans to nursing homes. Ideally, these three nodes—caregiving, lived experience with dementia, and care design—inform one another fairly.

In practice, however, it is far from ideal. The lived experience and care design is often compromised in favor of caregiving efficiency. Further, care design itself has significantly drifted from the experience of caregiver and recipient (Ludden et al.). By relying on informal caregivers in the domestic or private setting, their realities are overlooked and underprioritized in the everyday spaces they live in (Daddato et al.). While time is spent adjusting pension schemes and care subsidies, the associated hardware, “namely the need for an urban structure capable of providing for the needs of the elderly,” is often neglected (Feddersen and Lüdtke). The result of the gap between care design and its inhabitants is a care that is managed rather than lived, and reactive rather than proactive. This fundamental imbalance is felt acutely by both parties and exacerbates the difficulties of managing dementia.

Given the consequences of this tension, this thesis explores how care design can better accommodate the needs of both caregivers and those living with dementia through alternative care models. What would it mean for care be integrated into a neighborhood, both physically and socially, in a way to be considered not exceptional but ordinary? Places of care right next to places of work would decrease the burden on caregivers. Increased multi-generational housing that would enable the act of caregiving itself. Places of rest for both the caregiver and recipient could improve the overall experience. Such envisioned neighborhoods better support families living with dementia, even as memory begins to fade.

A New Dementia Village

A news article by an Australian news outlet introduced me to the Pingxi Old Street in Taipei, Taiwan (“Lin Lives in a World-First Village Where Care for Her Dementia Is ‘Built-in’”.

Could This Model Go Global?”). Tucked by the mountainside and carved into the landscape by the upper reaches of the Keelung River, Pingxi is colloquially known as the “Waterfall Township” for its steep cliffs, deep valleys, and numerous waterfalls. Today, they’ve also gained a different kind of recognition: a “dementia village” that succeeds in supporting those with dementia to age-in-place.



Figure 3. Maps of Pingxi, Taiwan.

The push for Pingxi to become a more dementia friendly environment was originally spurred on by its demographic context. In 2018, Taiwan was recognized as an aged society when 15% of its population surpassed the age of 65. Pingxi has gone further: 32.3% of their roughly 4,268 residents are 65 or older, and 138 are living with dementia (Chen). However, with many families registering their address in Pingxi even as they reside in Taipei, the true proportion of elderly can be safely assumed to be much higher.

Pingxi’s demographic is best explained through their economic history. The coal industry, which had once drawn workers and families into these mountains in the 1950s, gradually declined by the 1970s, and with it went much of the reason for younger generations to stay. The pattern that followed was one repeated across much of rural Taiwan: children that had grown up in Pingxi during the coal boom would go into Taipei for higher education, remain for work, and

potentially return upon retirement. Pingxi is far from its peak, when its population was 16,901 in 1969. While the rate of developing dementia in Pingxi is relatively consistent with the rest of the country, an older demographic simply means that more attention has been given to Pingxi.

On a visit, I interviewed Ms. Shi, the head nurse at the Pingxi Community Health Center, to hear the trajectory of the town. She recalled that considering the aging population, her work began by reaching out to residents, various agencies, schools, and volunteers to explain what dementia is, how it progresses, and symptoms of the illness. Believing that close relationships and the ritual of gathering could be an important asset to dementia care design, the Pingxi District Public Health Center aimed to activate residents in the neighborhood to become sites of care through education. Ms. Shi explained that Pingxi's history had inspired these efforts:

爺爺奶奶在小時候，大家就是鄰居，會到你們家去串門子。或者大家工作結束的下午，大家就在走廊、庭院裡坐著，一邊嗑瓜子、一邊喝茶、聊天。以前小時候，我們對爺爺奶奶的印象，就是大家都聚在那裡聊天。

When our grandparents were young, neighbors would just drop by each other's homes. Or, in the afternoons after work, everyone would gather in the hallway or the courtyard, sitting together cracking melon seeds, drinking tea, chatting. That's the image we all have of our grandparents' generation: everyone gathered talking. (Ms. Shi)

She described instances that were already happening organically: when grandmother who always came out to chat at a regular time had failed to appear one day, someone would go to check on her at home, asking if she was feeling alright. The original intention was simply to take that kind of attentiveness and expand it.

Outreach and training were eventually extended to shops along Pingxi Old Street. The resulting program is the “guardian angel” network, formally implemented around 2017/18 as part of the Taiwan's Ministry of Health and Welfare's “8-Year Dementia Action Plan 2.0” (超級管理

者). The Community Center partnered with select shops along the Pingxi Old Street, and nearly 60% of them have since completed the program. In exchange, they received a “New Taipei Dementia Care Station” sign that serves as way-finder markers to indicate the shops as care stations that offer a space of rest and assistance. Rather than a prescribed set of duties, these care stations encourage flexible acts of assistance from shopkeepers, such as storing a set of spare keys, offering a place to sit, or checking in on those with dementia as they walk by. What began as an effort from the local health center quickly drew wider attention. The district office of the New Taipei City Government enthusiastically supported the plan and has since aligned every department in Pingxi under its umbrella to this initiative, including the police, fire station, sanitation, security, healthcare, working unit, farmer’s association, and various other community groups. Today, Pingxi’s dementia diagnosis coverage rate has reached 96.55%, meaning that 96.55% of the population has been screened and accounted for. This figure is among the highest in Taiwan (超級管理者; Chen).



Figure 4. Photo of “New Taipei Dementia Care Station” sign on shop in Pingxi, Taiwan.

What makes this model in Pingxi, Taiwan so compelling has been its reliance on community care. As defined by the National Academies of Sciences, community encompasses

both relational networks—family, friends, and neighbors—and spatial contexts, particularly one’s neighborhood (National Academies of Sciences et al.). Community care refers to the long-term support systems, health services, and social resources that emerge from within that configuration. Its goals are two-fold: to enable individuals to remain embedded in their homes and neighborhoods rather than being displaced into institutional settings, and to sustain a sense of normalcy in day-to-day life. The significance of community care lies in its capacity to shape how dementia is understood, what constitutes compassionate interaction, and how resources are distributed and accessed. In this sense, one’s community becomes “a key context in which interventions may improve outcomes for people living with dementia and their families and caregivers” (National Academies of Sciences et al.). Through the lens of community care, Pingxi’s Old Street redistributes the responsibilities of caregiving across the existing neighborhood and everyday encounters. The result is caregivers and receivers who are better supported throughout their journey with dementia, while remaining embedded in the community they have always known.

Hearing about this initiative, I immediately drew parallels to my personal experience. Caring for my grandfather had illustrated that living with dementia would require day-to-day accommodations that were difficult to demand of regular encounters, ultimately leaning on the unpromised empathy of cashiers, train conductors, bus operators, shopkeepers, and more. How did community care function in Pingxi, and what were its underlying reasons for success?

Thesis Question



Figure 5. Reconnecting dementia care design with caregiving and experience through community care.

The spatial dimensions of community care in Pingxi, Taiwan make it an apt candidate for understanding how it can bring care design into closer conversation to the needs of caregivers and those living with dementia. Using Pingxi as a case study, this thesis traces the successful implementation of community care as an embodied social practice through three interrelated lenses: (1) architecture and spatial organization; (2) cultural and moral values; and (3) organized community effort.

The first explores how architecture creates the spatial conditions under which community care can emerge at all. The second reveals what gives those conditions their meaning, particularly how cultural values shape the way we practice care in everyday life. Finally, the third discusses what makes that meaning persist when individual memory begins to fail, and how informal care becomes organized enough to live against time, aging, and illness. Together, the

three chapters of this thesis trace a movement from *conditions* to *meaning* to *longevity*. Each building on the last, each necessary, and insufficient on their own.

Literature Review

To understand what Pingxi delivers, it is helpful to first understand care as both an ethical and spatial practice. Following the earlier diagram, this literature review arrives in two parts. The first explores the relationship between caregiving and care design, asking how an environment shapes a caregiver's capacity to provide care, and how the emergence of care ethics can inform its design. The second examines the relationship between the lived experience and care design, specifically how existing interventions navigate the tension between specialized care and integration with ordinary social life to impact the lived experience for those with dementia.

Care as a Social and Urban Practice

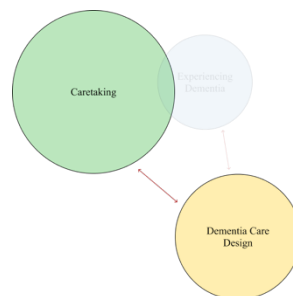


Figure 6. Tension between caregiving and dementia care design.

The introduction established that if dementia is an illness, then care must extend towards the realm of everyday life. This is precisely the argument political theorist Joan Tronto explored through her lens of an “ethic of care” in her 1993 book *Moral Boundaries: A Political Argument*

for an Ethic for Care (Tronto). The “ethic of care” can be defined as an embodied framework for understanding personal, social, moral, and political life, and one that recognizes care as a universal human condition. To *care*, she writes, is to maintain, sustain, and repair our world to ensure a better quality of life for ourselves and others. Tronto describes care as a process composed of four interconnected phases: (1) caring about, (2) taking care of, (3) caregiving, and (4) care receiving. Together, these four phases allow us to evaluate whether care meets the needs of care recipients. Good care requires acknowledges and fulfills all four phases.

The basis of Tronto’s argument is that care has been long marginalized within moral theory (Tronto). Traditional Western moral philosophy has largely ignored care in favor of abstract principles, autonomy, and justice and rights. Yet, human life fundamentally requires care. From childhood to illness, disease, and old age, people remain interdependent upon one another. To deny care to anyone, therefore, is to ignore the basic realities of human life. Further, rather than treating care as a purely moral sentiment or private value, Tronto emphasizes care as concrete work, including activities such as feeding, nursing, teaching, emotional support, to maintaining social environments. Through this perspective, the act of caring is transformed from a personal virtue into an everyday social practice that unfolds within public life. This framework shifts attention away from the individual carer-patient relationship towards the broader social and political structures that enable or obstruct care. Tronto’s provocation in an ethic of care asks us to consider not only who performs care, but whose care is valued, and how communities and built environments can be organized to support it.

Scholars have since applied Tronto’s argument to the spatial dimensions of caregiving. One such instance is Andrew Binet’s ‘urban infrastructure of care,’ which argues that urban environments actively structure how care is performed, sustained, and experienced in everyday

life. Through a longitudinal PAR study with caregivers in the Boston metropolitan area, Binet identified eight interrelated spatial components that influence caregiving practices: private space, public space, economic opportunity, material resource, social support, safety, organized care, and accessibility. Binet observed that the presence and adequacy of these components directly influence a caregiver's capacity to maintain stable routines and relationships. For instance, parks enable social interaction and physical activity that supports both the caregiver and their dependent, whereas relocation away from one's neighborhood disrupts social networks and diminishes one's overall wellbeing. Taken together, the physical components operate as a proxy for which care can be evaluated, strengthened, and repaired in a spatial manner, centering care as a central concern to be addressed through urban planning and architectural design (Binet et al.).

Haleguoua and Johnson extend this exploration by reconceptualizing neighborhoods as a network of "service-oriented relationships" (Haleguoua and Johnson, "Seeing Like a Neighbor"). Community building in a neighborhood predominantly relies on "social, political, or consumer service-based models," such as through nonprofits and neighborhood groups. However, their longitudinal study found that residents depend on an additional layer of social capital and a sense of community through service to one another. These more interpersonal oriented relationships form the basis of informal community care, which include mutual aid, unplanned assistance, and flexible support. Importantly, these tasks do not necessarily indicate friendship but instead develop a new role: one of a "neighbor." Acts may be small, such as to shovel the snow or to rake the leaves. Nonetheless, all participants identify the ability and desire to ask for and receive resources in their ideal community, contributing to a sense of "home" or "belonging." This care is aided by proximity, chance encounter, and informal communication—features facilitated by the built form of the neighborhood. Ultimately, by assigning responsibilities to a neighbor and

reframing what neighborliness entails, this new social infrastructure is proactive rather than reactive, potentially sustaining daily stability before formal services intervene. Moreover, this preference for everyday reciprocity reframes neighborhoods as an active site of caregiving.

These ideas converge into the emergence of the ‘caring city,’ an urban environment designed to prioritize the well-being, safety, and inclusion of all residents through systemically integrating care into our infrastructure, policies, and services. The concept of a caring city is rooted in feminist geography from the 1980s-90s, when Dolores Hayden argued that urban planning had been built around a male, able-bodied, paid-worker norm, and Gillian Rose proposed that urban space was gendered, rendering caring labor invisible in both planning practice and urban theory (*What Would a Non-Sexist City Be Like?*). Building on Tronto’s exploration, the caring city asks not only who has access to urban space but also whose needs and practices a city is designed around (Tronto).

The introduction asked how a new norm of care can be established not as exceptional but ordinary. The caring city is a potential answer to this question. Sitting at the intersection of feminist urban planning, geography of care, and social infrastructure, a caring city counters the “hostile environment” of purely production-oriented cities by redistributing care responsibility and recognizing previously devalued labor. Cities and local governments such as Barcelona and Madrid in Spain and Bogota in Colombia have actively adopted this model of integrated care strategies (Müller et al.). In Spain, implementation has taken shape through three main channels: physical urban redesign (such as superblocs), new social infrastructures (like dedicated care advice centers), and the promotion of community mutual-aid networks. By connecting questions concerning an ethic of care, urban design, and neighborliness, a caring city argues that a city

organized around care is not only more equitable but more human too (“Smart and Caring Cities”).

Despite the growing body of work however, the caring city in relation to dementia remains underexamined and unexplored. This gap is most poignantly reflected on the strain placed on our caregivers. Nearly 40 to 70% experience high emotional stress and burnout, and approximately 18% die before the people they care for, revealing inadequate support (Gaugler et al.). Further, as dementia progress, institutionalization becomes increasingly likely; while roughly 20% are placed in institutional care within one year of diagnoses, that rate rises to 50% within five years and nearly 90% within eight years (Teles et al.). Given the established relationship between dementia and our built environment, these statistics point towards an opportunity of inquiry into community care as a means of addressing dementia.

An important clarification should be made here. Any combination of urban infrastructure, increased responsibilities of a neighbor, and community interventions do not have the strength and support necessary to replace the primary role of a caregiver. Especially as the symptoms of dementia progress, highly individualized care becomes necessary to meet the more intimate and strenuous demands. The moral argument of Tronto’s ethic of care reminds us that care is a collective responsibility (Tronto). Community care can be best understood not as a substitute for the caregiver but as an underlying fabric that further enables and supports their efforts, building a wider network that makes the work of caring less isolating and more sustainable over time.

Overview of Existing Interventions

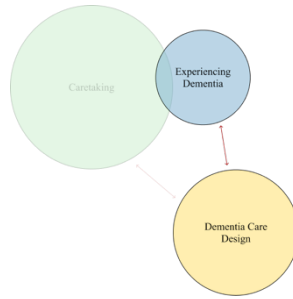


Figure 7. Tension between lived experience and dementia care design.

As the relationship between design and dementia care is increasingly recognized, architecture and urban planning have emerged as vital tools for improving care delivery (*Nursing Homes with Dementia Special Care Units Provide Better Quality of Care | Health Care Policy*). This section comparatively analyzes existing interventions along two criteria: level of specialized care and degree of societal integration. These criteria emerge from Kleinman’s distinction of diagnosis as an illness. Considering an illness as an eight-to-ten-year reality for an individual living with dementia after diagnosis increasingly demands societal integration to preserve a sense of normalcy and personhood.

i. *Specialized care (SC):*

Specialized care refers to the environments, practices, and interventions intentionally designed to address the cognitive, behavioral, emotional, and functional needs specific to dementia. The degree of specialized care required varies depending on a diagnosis and as caregiver capacity, ranging from a city plan for aging adults at the low end, to a residential care community designed specifically for those with dementia at the high end. Crucially, given that dementia is lived rather than merely treated, specialized care should extend beyond generalized eldercare to encompass the day-to-day experience of the condition.

ii. *Societal integration (SI)*:

Societal integration is the extent to which a dementia care intervention is spatially, socially, and institutionally embedded within every day public life. A key mechanism for measuring societal integration is the boundary: how porous or restrictive is the interface between care environments and broader society? Boundaries range from explicit, such as institutional walls, to subtle, such as spatial limitations due to lack of transportation access. High integration enables aging-in-place with sustained community connection, whereas low integration typically means relocating to institutions separate from their home. Beyond inclusion or exclusion, this metric also probes whether the dementia is treated as grounds for ‘removal’ from society or as something that can be accommodated within it.

The non-comprehensive list of interventions examined below span from architecture-scale developments to citywide planning strategies, selected to represent a range of approaches across the spectrum:

Traditional American Long-Term Care Facility

A traditional American nursing home is a long-term residential care facility designed for older adults when care at home is no longer sufficient, typically offering nursing care, 24-hour supervision, and assistance with everyday activities. While providing essential services for residents with complex needs, these facilities are often criticized for institutional environments that limit autonomy, social connection, and personal identity. (Zhang et al.).

Low SC; Restricted SI

George G. Glenner Alzheimer’s Family Center; San Diego, California

Founded in 1982, the Glenner Center is a non-profit offering a specialized adult day care program. It is best known for its "Town Square" reminiscence-therapy environment,

designed to stimulate memory and improve wellbeing through familiar settings, combining compassionate care with research-informed practice and family support. (TOWN SQUARE® – The George G. Glenner Alzheimer's Family Centers, Inc.®).

High SC, Semi-restricted SI

Dagmarsminde; Græsted, North Zealand

Dagmarsminde, developed in 2016, is a small nursing home for people living with advanced dementia, centered on compassion and a sense of small community. They believe sound and scent support wellbeing and are located by forest edges and fields. They are distinguished by the therapeutic environment that supports residents through comfort, familiarity, and meaningful engagement. Residents live in a protected environment with round-the-clock specialized staff. They have been coined a 'care oasis' ("Dagmarsminde").

High SC; Restricted SI

De Hogeweyk; Amsterdam, Netherlands

Developed in 2009, De Hogeweyk is a residential care community for people living with advanced dementia, the size of an urban block at 15,000m² (Feddersen and Lüdtkke). Residents are placed in shared homes organized around familiar lifestyles and live near everyday amenities, while staff prioritize normal life and autonomy over clinical routines ("Dementia Village The Hogeweyk in The Netherlands").

High SC; Restricted SI

Shaping Aging Cities; ARUP

A research and policy report by engineering and architecture firm Arup, *Shaping Aging Cities* examines how rapid population aging is reshaping urban life and promotes an "age-friendly city," framing longevity as a driver for more equitable, resilient, and human-centered urban environments.

Low SC; Open SI

Dementia Inclusive Planning and Design Guidelines; Happy Cities

Published by Happy Cities, this planning and design guide advocates for cognitive accessibility as a core dimension of inclusive design, recommending clear wayfinding, legible public spaces, reduced sensory overload, and opportunities for social interaction that foster confidence and independence.

Semi-low SC; Open SI

Living in Place: My grandfather's personal experience; Brooklyn NYC

I draw on my grandfather's experience living with dementia. Every day, he would walk a similar five-mile route in Brooklyn, New York. A caregiver would accompany him to ensure his safety. Care for my grandfather extended beyond formal caregiving: relatives rotated responsibilities, subway workers accommodated for his fare, and shopkeepers forgave forgotten payments. His ability to remain in place at the end of his life relied on family support, and the wider community around him.

High SC; Open SI

Pingxi, Taiwan

Introduced above, Pingxi's "guardian angel" network trains local businesses to support residents with dementia through flexible, everyday acts of assistance. With a dementia diagnosis coverage rate of 96.55%, it represents a model in which community itself functions as a care infrastructure. (超級管理者; Chen).

Semi-high SC; Open SI

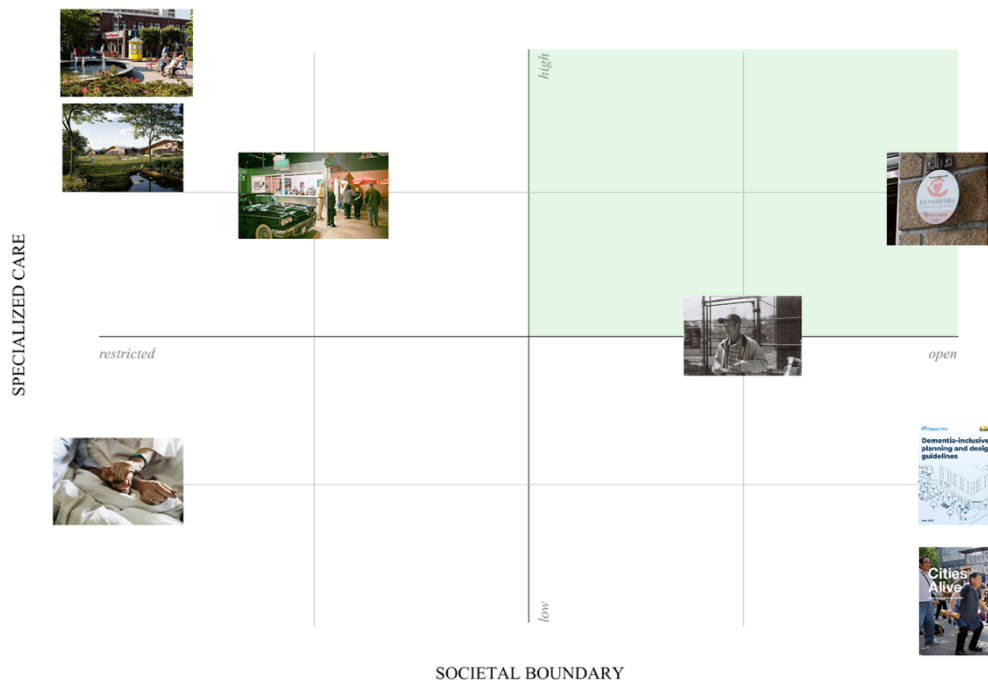


Figure 8. Graphing examining dementia care interventions along specialized care and societal boundary.

The four quadrants in the graph beginning from the top-left going clockwise include (Q1) High SC, Restricted SI; (Q2) High SC, Open SI; (Q3) Low SC, Open SI, and (Q4) Low SC, Restricted SI. Plotting each intervention reveals a telling pattern.

First, a growing commitment to dignity and autonomy has led to the increased scrutiny of the traditional nursing home in (Q4). Shaped by staffing and regulatory requirements that prioritizes risk management and efficiency over residents' needs (Zhang et al.), these conditions often lead to overmedication, high staff turnover and burnout, and environments that limit autonomy, social connection, and personal identity (Zhang et al.). In response, alternative care models have emerged across the remaining quadrants, yielding meaningful improvements, including better safety outcomes, increased life expectancy, improved work environments for staff, and a higher quality of life for those with dementia. ("Effect"). Nonetheless, their distribution across the graph demonstrate a central tension: Most case studies cluster in (Q1) or (Q3), suggesting that specialized care and societal openness operate as tradeoffs to one another. Enclosed societal boundary enable secure environments, while greater societal integration often comes at the expense of care specialization.

An example is De Hogeweyk, in Q1, which exemplifies this dynamic. Within its 3.7-acre footprint, residents can freely through a supermarket, doctor's office, hairdresser, movie theater, and other communal spaces—a carefully curated simulation of everyday life. This autonomy improves a resident's quality of life, particularly given the tendency of people with dementia to wander. Over its three decades of operation, it has been celebrated for a "person-centered approach, innovative care philosophy, and better wellbeing outcomes for residents. ("Revolutionising Dementia Care Through Dignity and Inclusion"), and has inspired similar villages in New Zealand, Italy, Canada, and Australia. However, autonomy in De Hogeweyk

exists only internally. Residents cannot leave the site, whose perimeter is highly controlled with a single entrance and exit, a limitation acknowledged by the project itself (99PI). Despite recreating familiar routines, De Hogeweyk ultimately separates individuals from their homes, place of upbringing, and existing networks. Relocation into institutional care, particularly without personal agency, also risks triggering relocation stress syndrome, physical or emotional disturbances arising from the move itself (*Relocation Stress Syndrome in Older Adults Transitioning from Home to a Long-Term Care Facility*).



Figure 9. Scene in De Hogeweyk, Netherlands (*Revolutionising Dementia Care Through Dignity and Inclusion*).

These boundaries are not incidental but reflective of a broader issue at hand: the scale of a care intervention structures how care is delivered. At one end, a hospital delivers highly specialized treatment but confines care to clinical needs, separating bodily maintenance from everyday social life. At the other, home-based care offers flexibility but often privatizes responsibility, concentrating labor within individual households. Together, these models reinforce a spatial binary in which care occurs either within domestic interiors or medical facilities, producing a rigid division between “in-network” and “out-of-network” care, denoted in red in *Fig. 11* below. Alternative models attempt to address this limitation by expanding the boundary, integrating multiple functions and merging medical care with places of residence and

play. An emphasis on de-institutionalizing care collapses the distinction between care and daily life (“Dementia Village The Hogeweyk in The Netherlands”).

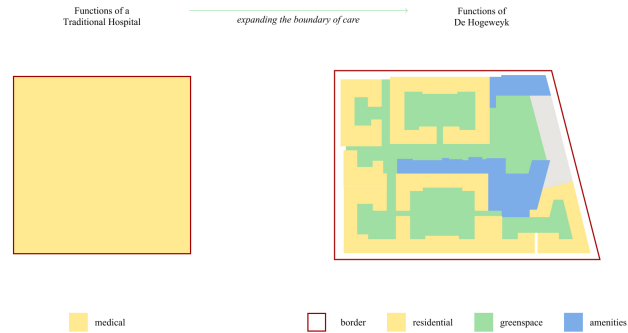


Figure 10. Boundaries of care in dementia care settings.

However, expanding functions within a closed system does not dissolve the boundary itself; it simply redraws it at a different scale. Ultimately, these boundaries not only govern space but structure responsibility and regulate social roles. By framing caregiving as an isolated and cordoned rather than collective, boundaries restrict where accommodation is expected, vulnerability is permitted, and where support becomes socially visible or invisible. In doing so, these boundaries govern who caregivers and thereby non-caregivers are, when care is institutionally withdrawn, and when a family can feel reassured about their loved one’s safety. To be clear, the design that De Hogeweyk offers is radical and by many accounts phenomenal. Still, an argument can be made that its existence is artificial, predicated on a society that lacks design for those with dementia.

Interventions in (Q3), approach this tension by from the opposite direction by attempting to integrating care into everyday life. The *Dementia Inclusive Planning and Design Guidelines* by Happy Cities proposes citywide strategies that adapt public environments to the lived

experience of dementia, enabling individuals to remain in their familiar homes or neighborhood (“Dementia-Inclusive Planning and Design Guidelines”). Applying Binet’s ‘urban infrastructure of care,’ the guidelines encourage cities to embed dementia awareness into streets, public amenities, and wayfinding systems, shifting care from institutions and into public space. However, an approach that operates largely through architectural and environmental interventions neglects the relational and social dimensions of caregiving and dementia. The gap between care design and lived experience remains unaddressed.

This is precisely where the model of the Pingxi in Taipei, Taiwan, situated in (Q2), offers something the other cases do not. Rather than resolving the tension through enclosure or environmental design, the design of the Pingxi is in situ, placed within existing built community and relationships rather than constructing a substitute for it. During a conference panel focused on rural care and early dementia intervention, Pingxi was acknowledged for its community-oriented approach, most notably how it extends “medical care beyond the hospital walls, reaching deep into mountain towns and alleys” (超級管理者).

Further, Pingxi’s Old Street is a testament to how models of care can exist and perform across different scales; formal or informal; prescribed and unprescribed. *Fig. 12* maps the network of care in Pingxi over De Hogeweyk. The extent of the former is at 1300m, compared to the latter at 500m.

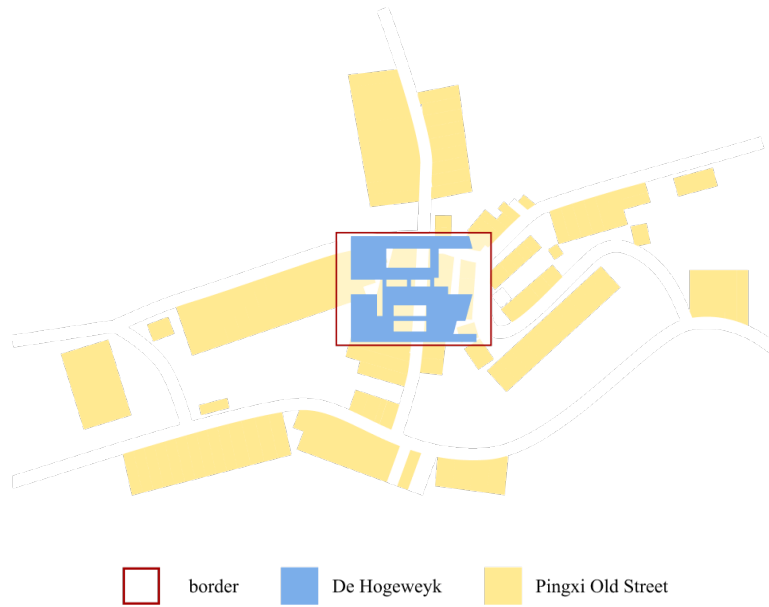


Figure 11. Floorplans of Pingxi Old Street and De Hogeweyk overlaid.

While models within (Q1) simulate community inside a managed boundary, Pingxi emphasizes care within social relationships. And in doing so, it begins to close both sides of the gap this thesis has been tracing: the distance between care design and caregiving, and between care design and lived experience. It is for this reason, explored in depth in the chapters that follow, that positions Pingxi's Old Street as the most compelling case in this analysis and the central subject of this thesis.

Methodology

The interview with Ms. Shi revealed Pingxi's context-dependent nature, speaking to just how much its community care model relies on interpersonal relationships, and on the rhythms and responsibilities between its residents. To this end, the process of writing this thesis leaned primarily on urban ethnography to examine care practices as they unfold within everyday social and spatial contexts. Urban ethnography was born in the Chicago School of Sociology, where

they first approached the city “as a laboratory in which people, places, and institutions could be studied through observation” (Verloo). As a methodology, urban ethnography offers a holistic view of how people, live, work, and interact, attending not only to what people do, but to the environments and relationships that shape how they do it. As a participant-observer with an emic view, one can gain firsthand insights into the values, rituals, and symbols that structures a community’s life from within (Verloo).

This approach has been informed by a tradition of urban scholarship that considers the seriousness of everyday experiences. Urban planner Jan Gehl articulated this through his ‘people first, then space, then buildings’ framework, emphasizing the importance of ‘life between buildings’, or the “social interaction and perception, urban recreation, and sensory experience” (Gehl). Urban activist Jane Jacobs similarly employed ethnography in her book *The Death and Life of Great American Cities*, to argue that true urban vitality stems from the bottom-up, organic, and complex social interactions of residents, rather than top-down, rationalized master planning (Jacobs). Together, this perspective grounds the thesis in a methodology that treats lived experiences not as mere anecdotes but as expertise.

Fieldwork research was conducted across two periods: an initial exploratory visit in the summer of 2025, followed by a longer two-and-a-half week visit during the winter of 2026. While dementia care efforts have been applied more broadly across the district of Pingxi, Taipei, I focused my efforts directly on the 平溪老街, or the Pingxi Old Street. My visit combined observational studies with semi-formal interviews. During observational fieldwork, I had two goals: (1) study the habits of everyday rituals, social relationships, and practices of care, and (2) pay attention to the spatial catchment areas of care and to the shifting boundaries between public and private caregiving environments, such as through layouts of the home and the surrounding

neighborhood. A significant portion of my time was dedicated towards visual documentation through sketching and photography.

My understanding was deepened considerably by staying at Mr. Wang's homestay, which offered a view of care in the domestic setting, unfolding beyond public visibility. I would later discover this arrangement to be incredibly fortuitous, as I learned about the many ways Mr. Wang had led community efforts that I went to Pingxi to learn about. Additionally, several residents were incredibly helpful and invited me to accompany them throughout their daily routines. My conversations with them were formative in developing an understanding of Pingxi as an active site of community care. Semi-structured interviews were later conducted with eleven doctors, nurses, shopkeepers, and residents, where I directly learned about their roles in supporting the community. This research and thesis could not have been completed without the generosity of everyone who opened their homes and stories to me.

It is in this spirit that the following three chapters take up Pingxi's Old Street as a site of inquiry for broadening our conception of dementia care through community: first, the architecture and spatial organization that makes this care spatially possible; second, the cultural and moral values that give it meaning; and finally, third, the organized effort that formalizes care across the neighborhood.

Chapter One: Proximity

The introduction established a gap between dementia care design and the people it most directly affects, between the environments and the caring relationships lived within it. This chapter traces the first lens of community care: architecture. Afterall, the “New Taipei Dementia Care Station” wayfinding signs live on physical infrastructure that precede it. What exactly about the built environment provides its foundations for success? Here, I argue that the built environment in Pingxi does not merely accommodate care but actively *produces* it. Through a layered spatial structure moving from the home to shop to street, the architecture of the Old Street creates the conditions under which care for those with dementia becomes ordinary, visible, and shared. The argument proceeds in four registers: (1) the home-shop threshold, which draws private caregiving into semi-public view; (2) the shop-street interface, which distributes informal oversight across the neighborhood; (3) the pedestrian atmosphere that sustains collective investment in the street, and (4) the informal boundary of the town itself, which provides the means for aging-in-place.

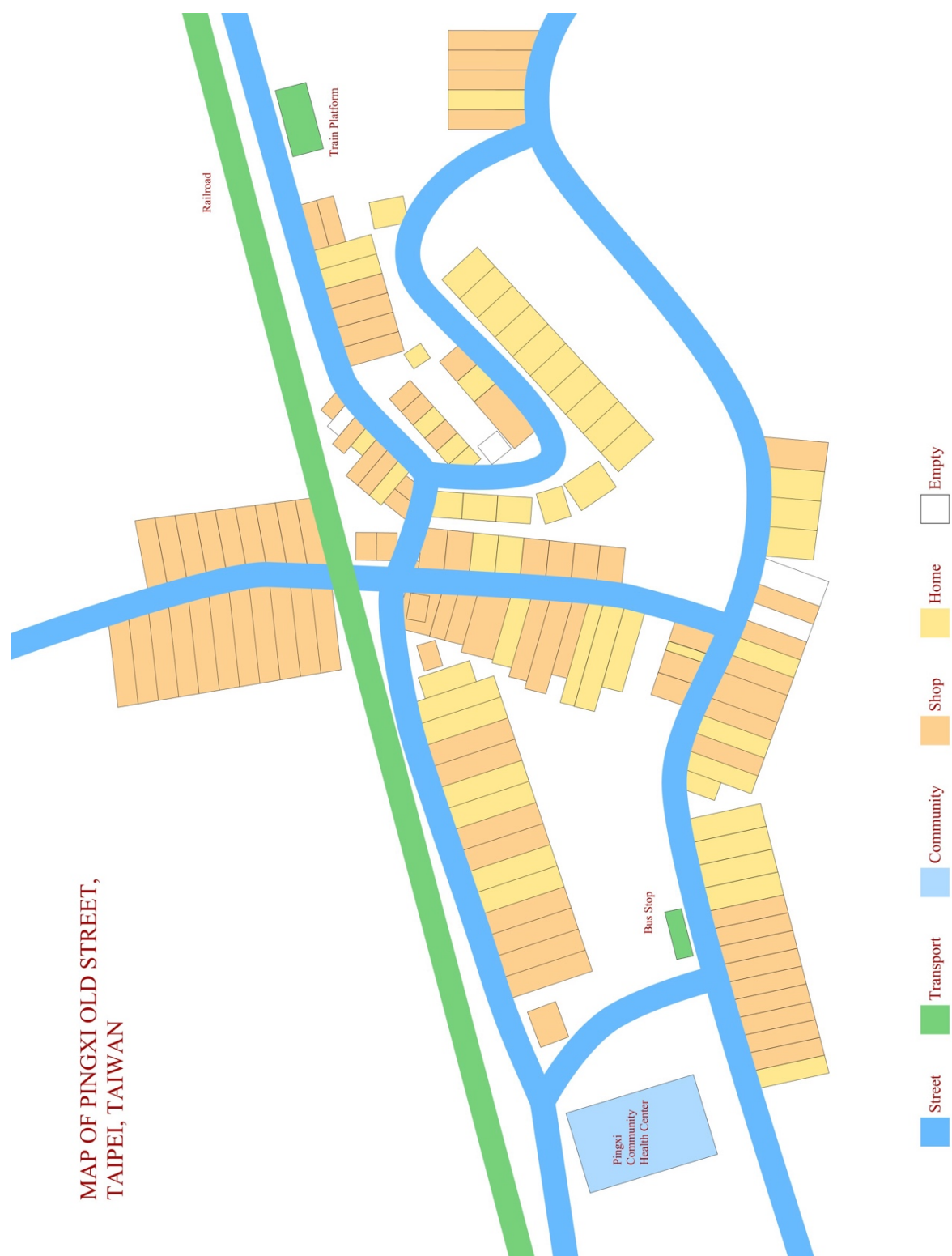


Figure 12. Map of Pingxi Old Street, Taipei, Taiwan

Observations of the Pingxi Old Street

I arrived in Pingxi in early January. It was morning now, no later than 9 am, and I walked down the Old Street for the first time. I kept my eyes peeled for “New Taipei Dementia Care Station” signs that were responsible for most of the attention the town had received recently. Knowing what they looked like from previous articles, I soon found them varying in size and form, some dangling by a metal loop while others were stickers adhered to the storefront’s exterior. They were scattered throughout the neighborhood.

Within about twenty minutes, I circulated the entirety of Pingxi’s Old Street, about 1300m in length (*Figure 12*). The north side was bordered by a train line offered by the Taipei Railway Co., a 13-kilometer single-track train that runs from Ruifang to Jingtong. The train station was in the northeast, Pingxi being stop eight out of nine. Intense rains during the monsoon season a few months prior damaged the rail line, so most of my commute for the duration of my fieldwork relied on the 795-bus line, which I took from the bus stop southwest of the neighborhood. The south side was met by a mountain with ample hiking trails. Taking the main road either west or east connected Pingxi to the neighboring towns of Lingjiao and Jingtong, respectively. Though Pingxi first merged as a coal town, most visitors now knew it as a tourist site to release sky lanterns. Older residents navigated their morning routines as shopkeepers while tending to clusters of visitors, the two populations orbiting one another with a practiced ease.

The streets ran approximately ten to fifteen feet wide, narrow enough to discourage traffic but open enough to breathe. Motorbikes occasionally threaded through, but the road still belonged primarily to people on foot. Flanked by buildings of various heights on either side, what might be a traffic corridor elsewhere was communal ground. This scale was not the reaction

of contemporary planning invention, but simply the scale at which the town was built. Further, the buildings that lined the street followed a typology common to historical Taiwanese commercial districts: long and narrow, and set flush against one another with no setback from the street edge. These interiors housed an assortment of souvenir shops, lantern decorating studios, restaurants, and cafes. The transition between the shop and the street by signified by a metal gate that drew up and down, open during business hours and closed when the day was done. On quiet days, there was more metal than merchandise. On weekends, tourism held shopkeepers out, making the streets come alive.



Figure 13. Photos of Pingxi Old Street.

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It is first helpful to define several definitions which my observations were founded upon. Drawing on architect Oscar Newman's distinction between public, semipublic, semiprivate, and private spaces (Newman), the Old Street can be understood in three layered zones. The homes are private, the commercial shops function as semi-public spaces, and the shared pedestrian walkway constitutes the public realm. Between the shop and the street lies what Jan Gehl would conceptualize the "soft edge," a transitional zone designed to be active, permeable, and hospitable to "staying" activities, the lingering, watching, and informal exchange that animate

street life (Gehl). The semi-public shops of Pingxi's Old Street live precisely on this soft edge, cradled between the shared exterior and domestic interior.

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What I could not yet name, on the first morning, was the texture of life that lived within this architecture. A shopkeeper suddenly ran across the street to help another restaurant pack take-out orders. An elderly man outside his shop lifted his hand in greeting as someone passed. The smell from the breakfast parlor down the street had reached the far end of the block. It was only later, that I came to understand what I initially sensed as atmosphere was also a social infrastructure. The proximity, pedestrian scale, open storefront are not merely pleasant features of a historical streetscape, but the spatial conditions under which community care becomes possible. I did not have to look far for the first example.

Home-Shop: Drawing Care Outwards

I wondered what it would mean for design environments to support both the caregiver and recipient. In Pingxi, the shophouse typology offered one answer through its unique spatial logic.

Upon returning from my walk, Mr. Wang called out from the back of the room, "Come sit with us!" I turned to the sound of his voice and saw a full house. His son and grandchildren had come down from Taipei to visit while Ms. Wang's siblings were gathered to the right, deep in a game of four-color cards.¹ Tiles were splayed across the dining table like confetti and bursts of

¹ Four-color cards is a traditional Taiwanese game, played between four or more people.

laughter punctuated the room with every win. Not long after, a tourist appeared at the entrance and without hesitation, Mr. Wang rose and began pulling a lantern, stand, clips, brushes, and ink from different corners of the room. Within moments, the home had reformed into a shop. The customer was decorating a lantern twenty feet from the dinner table, and the two activities unfolded simultaneously, as if the building had always known they belonged together. The shophouse's typology makes possible a refusal to separate the domestic life from public life by living where one works.

This permeability carries argumentative weight. One of Tronto's central critiques targets the assumption that care—especially dementia care, with its demands of assistance with eating, bathing, dressing, and the maintenance of daily routine—are intimate tasks that belong exclusively within the privacy of a domestic interior (Tronto). Especially in an American context, there is a clear boundary between the open street vs. the constructed environment, otherwise conceptualized as the public vs. private. If not a front lawn, many residences also include a set of stairs that detach and remove the home from the street (*Figure 14*).

However, the shophouse, as described, challenges this logic structurally. Along the Pingxi Old Street, the threshold between the public and private does not fall at the building's edge. Instead, the elongated floorplans of shophouses in Pingxi enable a natural division, where the front opens into a commercial space, while the rear and upper levels absorb the rhythms of domestic life—the dining table, family conversation, and slow hours of an afternoon. Usually, a wall or a curtain partitions the two but in practice, the division is more porous than it appears. When the activities of the home and shop merge, the ground floor becomes a liminal space where domestic and commercial life exist on a continuum. As a result, if care has normatively lived

within the home, and the home simultaneously dissolves into a shop, then care moves outward into semi-public life.

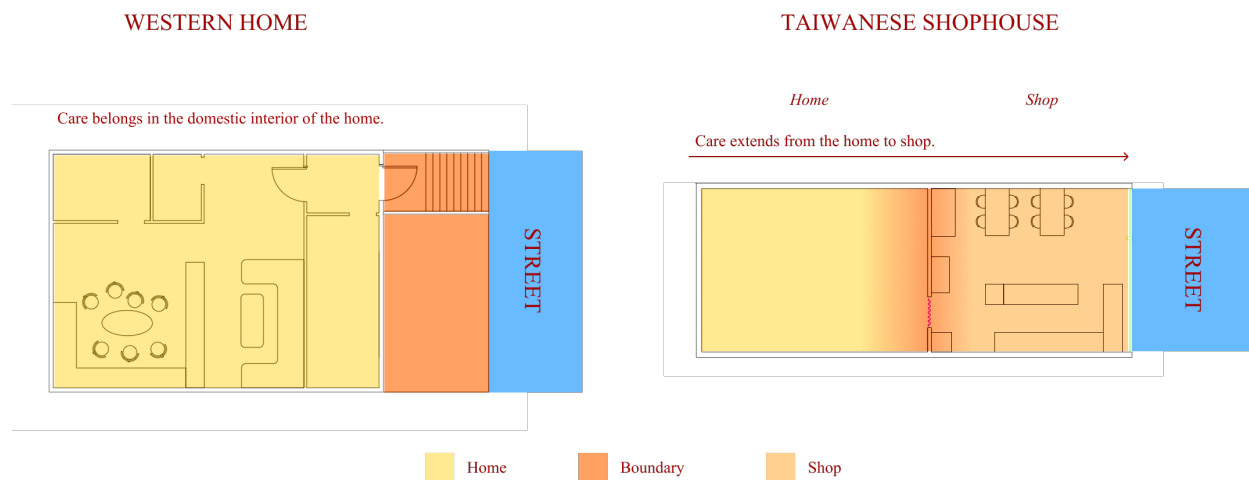


Figure 14. (left) Floorplan representing a strict public-private boundary in U.S.; (left) Floorplan representing porous public-private boundary in Pingxi, Taiwan.

This arrangement is especially significant for residents who need to balance the demands of caregiving with the responsibilities of running a business. I first encountered Ms. Cheng, a shopkeeper, while she was holding signs outside her lantern shop, who exemplified this dynamic. Her husband, now eighty-eight, has dementia. “You can tell him something and he still asks again,” she explained. “You tell him, he acknowledges it, he understands, and then a moment later he’s asking again.”

Ms. Cheng lives with her third son and daughter-in-law yet remains her husband’s primary caregiver. One of her greatest worries is his wandering. She recalled one instance in which he had packed a small bag and made his way to the bus stop in town, asking for directions to go back home. Mr. Cheng is originally from Dongshan in mainland China, but there is also a Dongshan in the nearby Yilan township only an hour away. In a search for home, Ms. Cheng implied that misguided directions could have easily sent her husband to an unfamiliar place that

would make him difficult to locate. Given this concern, one might reason that the safest option for Mr. Cheng would have been to keep him inside. In the U.S. and perhaps many other parts of the world, limited caregiving capacities and the need to continue working could also mean sending a loved one to a nursing home or other institutionalized facility.

However, the layout of the shophouse, bridging the home and shop, strategically provided another option. Ms. Cheng explained:

我们在这边做生意，我会叫他做啊，给他学习啊，他也会去做啊。

We run our business here, so I have him help, give him things to learn and do, and he does them. (Ms. Cheng)

Instead of withdrawing from her role as a shopkeeper, Ms. Cheng resolved this vulnerability by folding caregiving into the shop's everyday operations. As we spoke indoors, Mr. Cheng stood outside, about fifteen feet away. Mr. Cheng retained his ability to greet passerby gently, welcoming them into the store with a warm smile. In a deliberate arrangement, Ms. Cheng asked for the seat that faced onto the street, so she could glance up to check on her husband every few moments.

This relief for caregivers is twofold. The most direct change is that stress is minimized. By keeping Mr. Cheng involved in the shop's daily rhythm, Ms. Cheng also keeps him within sight. This way, Ms. Cheng does not have to worry about him wandering away or consequently expending time to search for him. Second, it minimizes disruptions to daily life. An AARP survey found that 67% of respondents have difficulties balancing their jobs with caregiving duties, with 27% of caregivers reducing their hours and 16% turning down a promotion to accommodate for these increased demands (Team). Thankfully, Ms. Cheng did not need to choose between financial stability and caring for her husband. Rather, the ease and seamless

ability to care in the shop encourages aging-in-place. The implications for individuals living with dementia are significant too. For Mr. Cheng, it was more than safety or supervision. This arrangement offered a sense of purpose and a continued presence within the social world he recognizes, situating him among neighbors and passerby rather than isolating him within the home.

In this way, the layout shophouse reconfigures where care takes place. To Tronto's critique, care, normatively considered private, has been drawn outward and extended into a semi-public space.

Shop-Street: Informal Community Care

While the home-shop boundary is where private caregiving first becomes visible, the shop-street is where it becomes collective. In Pingxi, everyday life is not contained within individual households but spills onto the public realm of the Old Street too. To walk along the pedestrian pathway is to be in continuous proximity to others, not because housing is particularly dense, but because the activation on the ground floor keeps residents present. As a semi-public space, shops are the "soft edge" that places residents in constant relation with one another.

My mornings at the local breakfast parlor made this was made clear. A draft of cool air was carried in by the soft cushion of morning light. The shopkeeper took orders while tending a propane-burning stovetop, welcoming a steady rotation of passerby who were slipping in for a quick bite to eat. Some came with friends while others sat alone. But more than a place to eat, the shop had a quiet talent of engaging with the public street.



Figure 15. View looking outwards from the breakfast café.

Sitting inside looking outwards, I made a habit of observing the way passerby traversed the street. During the morning rushes, most people were on their way to work and simply walked on by. Yet, for the more leisurely strollers, they would bend their path towards the doorway of the shop, either for a quick greeting in passing with the shopkeeper or to step inside and have a longer conversation. Those who decided to stay would even endearingly follow the owner up and down the contours of the kitchen as she moved between the stovetop and kitchenette, unwilling to lose the thread of conversation over the sizzle of oil. I thought the habit charming, if a little silly, until I found myself doing the same.

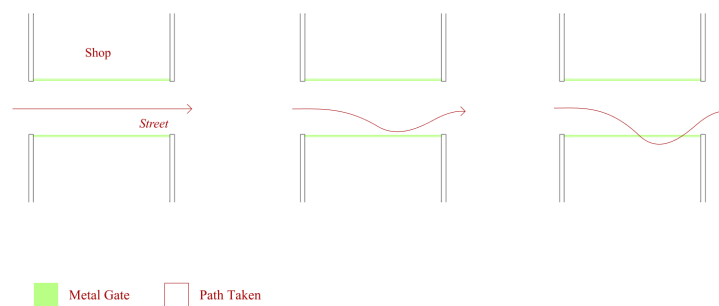


Figure 16. Diagrams detailing paths passerby take along Pingxi Old Street.

What makes this possible has as much to do with the architecture as it does hospitality. Unlike a typical door, the metal gate spans the entire width of the shop. With no permanent wall

between the storefront and the street, kitchens, worktables, and staff members find themselves operating directly at the threshold where the building meets the sidewalk, amplifying Gehl's "soft edge" into something almost theatrical.

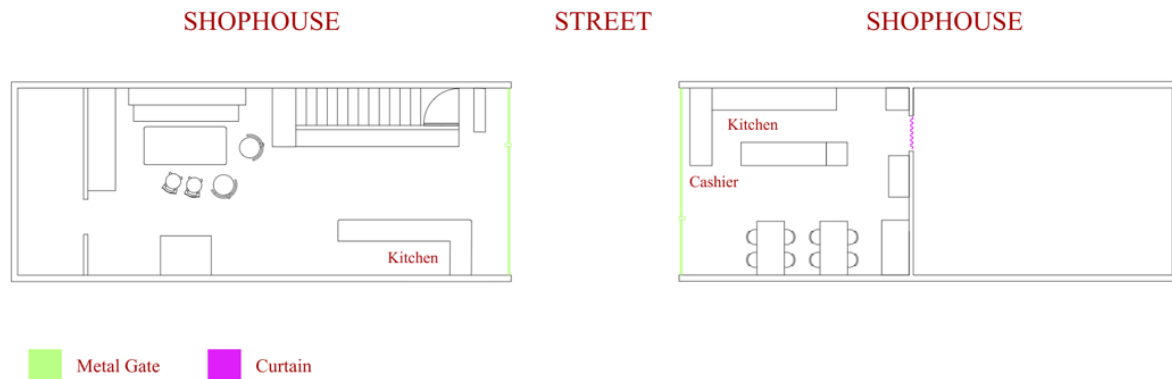


Figure 17. Example of kitchen, worktables, and staff at the boundary of building and street.

Sitting at this threshold does more than simply providing a place for neighborhood gathering; it also positions the shopkeeper as an attentive reader of the street itself. At the sound or movement of someone passing by, the shopkeeper would glance up—the slight lift of her head measured by the tilt and turn of her cap. Interestingly, she looked up far more often for people than she did for cars or motorbikes. Cars weren't necessarily hard to miss. Instead, this distinction revealed something meaningful. She was not simply reacting to movement or noise but maintaining an informal awareness of who passes by and when, reading the street the way one reads a familiar text.

This reciprocal attentiveness between the shopkeeper and passerby resembles what Jane Jacobs famously describes as "eyes on the street." For Jacobs, safety and social cohesion are produced not by design alone but by the density of casual, overlapping attention that a well-used street generates. Shopkeepers, residents, and passerby together constitute an informal network of watchers invested in the life of the street they share (Jacobs).

Importantly, familiarity and longevity deepen this network. When I had asked the shopkeeper how long she's been here, she exclaimed, "13 years now!" Many others would say the same: 18 years for Mr. and Ms. Guo (Mr. Wang's friends), and one gentleman even said he's been in Pingxi his entire life. Over time, such continuity allows shopkeepers to distinguish between residents and visitors, a difference legible in the tone of their greetings.

I was lucky enough to experience this generosity myself. After folding breakfast into my daily routine, she began checking on me every morning too, her role as shopkeeper turning quietly into a sustained relationship. "How are you and what would you like to eat? Do you have any goals today?" And on days where I would skip breakfast, she would ask where I been the day after, not out of surveillance but born from care. Even without buying anything, the expectation of return gives reason to move beyond transaction and towards genuine concern. A regular can expect a greeting or a conversation, each a small act of attentiveness.

These repeated casual interactions between shopkeepers and passerby develops Jacob's concept of visibility into what Mark Granovetter calls the "strength of weak ties," the loose acquaintances accumulated through daily life that bridge otherwise separate social worlds, allowing information and support to travel across them (Granovetter). This distinction matters especially when dementia is understood not merely as a medical condition but as a lived experience, where the community becomes the connective tissue between clinical care and home life. While individual caregivers tend to other duties, daily life for those living with dementia continue to unfold in public space. Therefore, the everyday attentiveness of shopkeepers, positioned on the soft edge, become a subtle but meaningful form of supplementary oversight. Familiarity with their neighbors allows them to notice small deviations: someone who has not

appeared for several days, someone who seems disoriented, or someone who lingers longer than usual.

These shop observations translate into them into anchors of care at the street level. Ms. Cheng explained that sometimes, she would call her neighbor to see which direction her husband walked in, or how someone recognized him at the bus stop and redirected him back home, before he could take the bus to Dongshan, Yilan. The cashier at the grocery store offered another example: “A-ma [endearing term for grandmother in Taiwan], you came yesterday. Why don’t you check if you already have these vegetables the fridge?” Last, a convenience store shared how it stores the keys of those who forget to bring them out.

Activities between the shop-street—increased visibility, repeated presence, and recognition of regulars—sustain both Jacobs’ “eyes on the street” and Granovetter’s “strength of weak ties” in the act of showing up. Woven together, these interactions form what Halegoua and Johnson would call a “service-oriented neighborhood” (Halegoua and Johnson), creating a safe environment where one living with dementia can traverse Pingxi’s Old Street while their caregivers hold the quiet assurance that others are watching. These adjustments do not dramatically inconvenience shopkeepers nor ask them to change their routine. Instead, building on the care that emanates from the home to shop, the dissolved boundary of the shop-street interface from the metal gate produces a subtle social infrastructure, one in which care emerges through the accumulated attentiveness of everyday encounters (*Figure 18*).



Figure 18. Visualizing care extending from the home towards the shop and street.

Street Atmosphere: Pedestrian Scale

These interactions, whether at the home, shop, or street, are all reflective of a broader atmosphere of care in Pingxi. As shopkeepers themselves, residents understand the importance of public vitality, and many hold a shared belief that social life is the product of a collective effort. In this way, the streetscape opens itself to the ideas and initiatives of the people who sustain it.

One such instance was the Slow Down Café, located right on the main street. Occupying the footprint of two merged shophouses, it functioned as a larger café and gallery experience.

The café opened in August with help from a local NGO and government funding. Peering inside curiously, I saw Mr. Wang sitting inside. He waved energetically, “Let’s have a coffee together!”



Figure 19. left: floor plan of the Slow Down Café; right: photo of café interior.

Mr. Wang was finishing up a conversation with Mr. and Ms. Ye when I joined. As it happened, the couple organized field trips for elderly residents and were scouting for a new location. Within fifteen minutes, they had agreed to return the following Tuesday. “那么好运啊，是缘分碰到你！” [What good luck, it is fate that we have met one another!] they had exclaimed on their way out.² Though Mr. Wang did not own the shophouse where the café is located, I later learned that he was now informally in charge of its operations. Responsibilities included drawing the gates up and down each day.

When I asked why the café was important to Pingxi, Mr. Wang oriented me outwards toward the street and began measuring its vitality through a system of imaginary points. Like marks on an exam, he spoke to how the presence, maintenance, and appearance of shops could

² *Yun* (运) is the flexible, shifting “luck” or “fortune” that moves around a person, allowing their destiny to be managed or altered. *Yuanfen* (缘分) is a “fateful, predestined affinity” or “binding force” that brings people together.

either add (加分) or deduct (扣分) points from the overall atmosphere. Gesturing towards the shop across the street, which had remained closed that day, he said:

所以你看，我们就是希望他们可以打开，感觉就不一样了。有没有做生意是另一回事，没做生意也没关系，但是感觉很重要。你看那个欧巴桑，她有时候早上打开了，只要她在的时候就会开门。

So, you see, we hope they will open. When they do, the atmosphere feels different. Whether they are doing business or not is another matter. It doesn't matter if they're not making money—the feeling is what matters. You see that lady over there: sometimes she opens in the morning, and whenever she's around, she opens the place. (Mr. Wang)

Though Mr. Wang did not explicitly say this, because the shop and home share the same building and entrance, many residents end up using the metal gate as a proxy for whether one is at home or doing well. It matters to residents in Pingxi, including Mr. Wang, that their neighbor is present, and a gate drawn up is the most outward reflection of one's wellbeing. This use case became apparent the more I followed him on his walks around the neighborhood. His care did not end on the main street; for homes with a more traditional door, where this visibility was not explicit, we would knock to ensure that folks were awake and doing well. Hence, the point system Mr. Wang described was nominally about atmosphere, but more importantly, quietly about the ease and capacity in which one can check in on one another.

This same sensibility and focus on community also explain the persistence of the Slow Down Café itself. Government funding ran out in two months, but rather than shut down its operations, Mr. Wang rallied fifteen local shops to contribute towards the monthly rent and keep it open. “不是我付不起，而是我们需要培养一种社区感。[It's not that I can't pay it myself, but that we need to cultivate a community feeling],” he said. Mr. Wang understood that chipping in together created a sense of buy-in, ownership, belonging, and responsibility to the community—the same attributes necessary for care delivery. This instinct towards collective

action runs deep in Pingxi; after all, it was his generation that ‘revived’ the town into the destination it is today.

After our conversation, Mr. Wang took me down the street, where we felt the fruits of this collective investment. In the U.S., “How are you?” is a common greeting used in passing. However, the slower pace of Pingxi’s Old Street suddenly made room for the question to mean what it asks. Neighbors came to inquire about his health, and his wife’s recent surgery, too. They wanted to know that she was recovering well and could get around properly. Out of proximity, care was also graciously extended to me; they curiously asked about my research and what possibly could have drawn me to stay in their small town for three weeks. It was in this way that I met many of Mr. Wang’s childhood friends and neighbors.

He reflected, having visited friends in Los Angeles, “Cars and the separation of homes 20 minutes apart stop a strong sense of community.” Feddersen and Lüdtkke arrive at the same conclusion through the suburban landscape:

Suburban housing schemes do not teach people how to cooperate; just the contrary ... There is no longer time to establish networks and to get to know places where growing older is easier to cope with. (Feddersen and Lüdtkke).

There is a general understanding that the distance between people is not a neutral fact but indeed has real consequences for whether we can know each other well enough to care. Residents in Pingxi understand that the relationships do not maintain themselves; the pedestrian scale must be activated, and street must be lived on. Afterall, the strengthen of care delivery lives within the built environment and the social relationships that it sustains.

Informal Boundaries: Aging in Place

These architectural features are wrapped by Pingxi's unique spatial logic that offers a higher level of specialized care. Recall that in the introduction, many dementia care models rely on boundaries, whether it be sealed perimeters or institutional thresholds, to contain and manage the diagnosis. Pingxi is not without boundaries, but it offers an alternative. The Old Street is organized along a main artery and accessible through only two ports of entry: the train station and bus stop. These junctures exercise a natural geographic boundary in lieu of traditional confinement. By reconsidering transportation hubs, traditional bearers of mobility, as equal thresholds of safety and potential risk, many residents have taken up these sites as places of care. Strategically, familiar faces at these two ports of entry may redirect a neighbor before any formal system is triggered.

I spoke to Mr. Wang's friend, Mr. Cong Guo, who exemplified type of work at regular train station encounter:

有時候他會說他要去什麼地方坐火車，因為他也認識我。他有時候說：「那時候火車來了，你借我一百塊，我要坐火車去哪裡。」那我知道他失智，就跟他說：「你晚一點兒子來，請兒子帶你去，好不好？」因為我們知道他失智。失智的人，他們有時候手裡面會拿著一些字條。

Sometimes he says he wants to go somewhere by train, because he knows me. Sometimes he says, "The train is coming—can you lend me a hundred dollars? I want to take the train somewhere." I know he has dementia, so I tell him, "Why don't you wait until your son comes and let him take you, okay?" Because we know he has dementia. People with dementia sometimes hold little notes in their hands. (Mr. C Guo).

When someone living with dementia appears disoriented, neighbors gently redirect them, accompany them home, or invite them to sit for a coffee or tea. Keeping residents within Pingxi's informal boundary allows them to remain within a network of where people can continue to

quietly supervise their well-being. Community care has its geographical limits and by acknowledging it honestly, the informal boundary around Pingxi gives caregivers permission to step back, with the assurance that the street itself is watching.

This has also proven more reliable than technological alternatives. Mr. Wang articulated:

有鍊字或是什麼，出去總是忙著還要找。雖然有定位，但是還是很麻煩。那我們說沒關係啦，我們就盡量請他來喝個咖啡或茶，讓他把情緒緩和下來。

They might have an ID tag or something, but when they go out, everyone is always busy trying to look for them. Even though there's location tracking, it's still troublesome. So, we say, "It's okay," and we try to invite them in for some coffee or tea, to help calm their emotions.

A few years ago, a pilot program run by the Pingxi Community Health Center offered families of those living with dementia were given watches, allowing them to track their locations remotely. Nearly all the residents I conversed with were comfortable using technology and would regularly communicate through Line. However, families who had used this service revealed that it was often troublesome to convince those with dementia to wear it, and that it also operated on a subscription model after the first year. Some have transitioned to Air Tags instead. Furthermore, these geo-trackers were finicky at best, given Pingxi's mountainous terrain. Instead, residents have found the organic social boundaries to be most efficient and practical.

Pingxi's informal boundary, maintained through collective attention to entry and exit points of the neighborhood, suggests that formalized institutions are not the only way to secure or manage one's safety. In lieu of walls, watches, or enrollment in a program, the most effective boundary for those living with dementia is the community that looks after its own.

Taken together, what would otherwise be a casual stroll along Pingxi Old Street is transformed into a living care network, produced not by institutional design but by the accumulated spatial and social conditions of the Old Street itself.

There are, of course, more formal sites of care in Pingxi. Residents pointed me toward the Pingxi Community Health Center, a new San Ka Mui Day Care Center, a Taoist temple, and even an adult day care center in Jingtong. But these services require residents to be “in-network” in some way, whether it be insurance, membership, location-constraints, financial reasons, or otherwise. Shops, by contrast, meet residents where they already are. They do not require enrollment, only the act of showing up.

This is what the literature review was pointing toward. Tronto’s ethic of care asks us to imagine care as a collective responsibility, distributed across social and political life rather than confined to domestic interiors or medical facilities. Binet’s urban infrastructure of care maps the spatial components that make caregiving sustainable. Haleguoua and Johnson reconsiders neighborhoods as networks of service-oriented relationships. Pingxi enacts all three by redistributing caregiving responsibilities across everyday neighborhood encounters, which I argue has been sustained by its buildings, scale, and history. Ms. Shi had described these informal check-ins as a way of leaning on relationship to address dementia. But it was through my own explorations that I came to understand her point more fully: this was not a clinical intervention nor top-down planning, but through the alignment of architectural form.

Ms. Shi went on:

其实这个，其实是我们现在在这个社会里面最缺乏的。你在都市里面，谁会看到这个？我不晓得你在纽约会不会这样，纽约完全都不会这样了。你就发现要走来走去，可是在这边的话，其实是人情味。

This is what our society is most lacking right now. In a big city, who would ever notice something like this? I don't know if you'd see this in New York—you wouldn't, not anymore. You'd just find yourself passing through, but here, what you find is a sense of human warmth. (Ms. Shi)

Human warmth, Ms. Shi suggested, are not only a personality trait but also a spatial condition, one that proximity enables, and distance forecloses. The home-shop relationship brings private caregiving into a semi-public space and eases the responsibilities of the caregiver. The shop-street relationship transforms shops and the public realm into sites of care. The pedestrian atmosphere weaves informal encounters into a community network. Last, the informal boundary allows for residents in Pingxi to age-in-place safely without institutional confinement. The architecture of Pingxi's Old Street creates the conditions under which care becomes ordinary, visible, and shared.

A care network depends, after all, on people being within reach of one another: close enough to notice, to intervene, and to invite someone in.

Chapter Two: 熟

The spatial architecture of Pingxi's Old Street, the narrow walkways, open storefronts, and pedestrian scale, creates the *conditions* for care. However, architecture alone does not explain the attentiveness of the shopkeeper, or why Mr. Guo redirected a neighbor at the train station rather than walking past. Proximity creates the opportunity for care, but it does not by itself, create the willingness. What compelled residents to form and sustain these relationships across decades, to *lean* into encounters rather than *past* them? Tracing through personal conversations and reflections, I came to understand that much of the answer lay not in policy or design but in their upbringing. It is through a shared familiarity, accumulated over a lifetime, that care in Pingxi found its foundations.

A Geo-Cultural Homeland

Most of my time was lived on Pingxi's Old Street, directly translated as 平溪老街 (*ping2 xi1 lao3 jie1*). Yet, as I recited 老街 in my head, I realized its history made this town something else too: a 老家 or *lao3 jia1* for its residents. 老(*lao3*) meaning old and 家(*jia1*) meaning 1. family/household, or 2. home, depending on use case. Directly, the symbols come together to mean one's geo-cultural homeland or place or origin (“老家 (Laojia) // Old Home”). Prior to coming, my conception of 老家 was limited only to the visits back to Taishan, China that I would accompany my father on. On the contrary, for most people I met, they were born in Pingxi, Taiwan. They started and would be ending their lives in a small community tucked in by the mountainside. Both terms, 老街 and 老家, share the same first character and the second are near-homonyms, echoing the other.

I give attention to the specificity of these characters because it was only in speaking to residents that I came to understand how deeply Chinese language and culture are intertwined with care. What does it mean to live and grow old in the same place you were born, and among your childhood friends and shops that have survived the last sixty years? It is in considerations of origin, return, and obligation that explains how proximity can be renewed into care.

Confucian Upbringing: On Returning Home

Many residents hinted to values of Confucianism as their reason to return.

Confucianism, at its core, is a framework for ethical behaviors oriented towards the creation of a stable and peaceful society. It does not belong to any religious tradition but is rather a set of commitments about how one ought to live in relation to others, anchored in key concepts such as *ren* [benevolence], *li* [propriety/ritual], and *xiao* [filial piety]. Of these, *xiao* [filial piety] is the one that most compels the return. Understood as the obligation of devotion, reverence, and care towards one's parents and ancestors, *xiao* mandates that adult children care for their aging parents' physical, financial, and emotional needs, as an acknowledgement of their parent's sacrifices across generations (Chan et al.).

I first encountered the manifestation of this belief in a conversation with Mr. C Guo. He and his wife still work weekdays in Taipei, so they commute back and forth daily. When I asked about why he had returned to Pingxi despite this trouble, he explained:

对，那爸爸妈妈其实也都住在台北。那大概十几年前他们回来，所以我才回来，陪爸爸妈妈这样子走过来。所以我跟爸爸妈妈住一起。我很知道，他们需要的就是小孩子常回来看他。

Yes, my parents also lived in Taipei. But about ten-plus years ago, they moved back here, so I came back too, to accompany and take care of them as they grew older. I know very well that what they need most is for their children to come back and visit often. (Mr. Guo)

Mr. C Guo revealed that it was the failing health of his father that led him to return. Prior to doing so, he had hired two 外籍 (*wai4 ji2*) [foreign caregivers] from Indonesia and Vietnam to live with his father full-time and help cook, clean, and bathe. When his father turned ninety however, the weight on the caregivers was mounting. Mr. C Guo had held out moving back, but his father was nearing death, and the risk was too high. Ultimately, it was the emotional reckoning with end-of-life care for his father that carried them here. His wife followed. Mr. Guo did not downplay the hardships he experienced, using the word “辛苦” (*xin1 ku3*) to describe caregiving. 辛 describes suffering and 苦 means bitter. In everyday speech, the term is softened to mean “difficult,” yet still carries the sense of enduring sustained effort or strain. Still, in Chinese culture, one aspires to a “good death” surrounded by family. *Xiao* outweighed the hardships caregiving would entail and was acted upon as final act of respect.

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Xiao can also be interpreted as a value that contends with returning to one’s 老家, or ancestral home, to continue to the family lineage. I came to understand this dimension of filial piety when a different Mr. Guo invited me to his childhood home.

It was a rainy afternoon when he and his wife flagged me down from inside their dessert shop. I insisted I was just taking a stroll, but their hospitality welcomed me in with a warm cup of tea. Ms. Guo was taking orders from some customers passing through while Mr. Guo sat

behind his piano serenading us with Chinese-pop music. After a few moments, he stood up and said he wanted to bring me somewhere: “How about I take you to my old home?”

We headed north along a slightly inclined road toward the rail line that bordered the Old Street. Walking along the tracks, Mr. Guo grew nostalgic: “I used to walk along this same route as a kid to get to middle school. About five kilometers.” After a few minutes, we crossed the tracks then climbed a set of stone steps up the mountainside.

The top leveled out to reveal an opening with a modest accommodation. The concrete around the bricks were eroding, but a newly installed roof and red slips taped by their door inscribed proverbs told me it was still being tended to. Mr. Guo pointed and said simply, “Here, this is the place where I grew up.” Peering through the gap between the wooden doors, I saw an altar with artificially lit red candles inside. It was the first of the lunar month and following Chinese tradition, oranges were placed in a bowl as an offering—*li* made visible through ritual.

Pointing toward his home, Mr. Guo, “这个房子给我最大的恩典。就是他叫我要守住那个纯真的心 [This house has given me the greatest blessing: it taught me to cherish and preserve my innocent heart]”. Though he was speaking of the building, I understood in that moment that he was thinking about his family and ancestors. Returning to his 老家, and especially his old residence, had struck something deeply personal. *Xiao* asked Mr. Guo not merely to show up, but to remain oriented towards his origins. Standing here, he found himself grounded and holding on.



Figure 20. Photo of Mr. Guo and I in front of his old home in the mountain side of Pingxi.

These are just two accounts of many—one drawn by duty and the other by longing—that call to mind the same Chinese idiom: 叶落归根 (*ye4 luo4 gui1 gen1*), translated to “falling leaves return to their roots.” It is *xiao*, filial piety, that makes this return feel not merely natural but obligatory, and that continues to locate the responsibility of care within the family, home, and community, rather than that of an institution. No matter how far one had travelled, the expectation of return remains. After nearly sixty years, they were both called back home.

Confucianism: Cultivating Responsibility

The Confucianism beliefs that bring many residents back to Pingxi can also explain much of what Chapter 1 described: the attentiveness of shopkeepers, the willingness to redirect a wandering neighbor, or the instinct to offer coffee to whoever passes through the door. These are expressions of an ethical formation that understands moral life as fundamentally relational (Chan et al.).

Sin Yee Chan, philosopher, touches on the intersection of care and Confucianism in *The Routledge Companion to Feminist Philosophy* (Chan). Rather than viewing individuals as

autonomous actors, Confucianism conceives of personhood as something formed through relationships. Two other virtues, *ren* [benevolence] and *li* [propriety/ritual], guide how this formation extends outward into the community. *Ren* refers to the broader ethical principle of compassion, empathy, and care for others. While Confucian obligations begin with filial piety within the family, *ren* extends moral care outward, encouraging individuals to attend the well-being of neighbors and community members. *Li* governs the everyday practices, etiquette, and rituals that structure social relationships. Small gestures become ritualized acts to sustain social bonds. (Chan et al.). Ultimately, Confucian society accepts that when care cannot be carried out within a family, the responsibility is absorbed by community (Fan).

Mr. Wang named influence explicitly:

会不会这样：NGO 团体帮忙，或是大家几个，大家志同道合、想法一样，一起推动一下。台湾会这样。这种情况，外国人很难想到，也很难理解为什么会这样。但是，这其实是儒家思想的影响。我们从小就是在儒家思想的教育下长大的。

Sometimes, NGOs will help, or a few like-minded people with similar ideas will come together and work to promote something. This is how things often happen in Taiwan. This kind of situation is hard for foreigners to imagine or understand. But it comes from Confucian values. We grew up being educated in this way from a young age. (Mr. Wang)

Two things follow from what Mr. Wang said. First, growing up learning Confucian values explains much of its reach and congruency across Pingxi. These are precisely the behaviors that Chapter 1 traced as the informal care network. Second, Mr. Wang attributed good will directly to this formation, not to policy or program design.

Through community responsibility, most striking to me was the language residents used to describe caregiving. In conversation with caretakers in Pingxi, not once did anyone use 负担

[burden] to describe their role. They would describe the insurmountable difficulty of caregiving, enumerate everything that would by any measure be a burden, and yet reach for the word 责任 [responsibility or duty] instead. The distinction is not purely semantic. Burden implies something imposed from the outside, a weight one did not choose and would prefer to set down, whereas duty implies ownership, or a claim one makes as a matter of moral identity. (Chan et al.). Through Confucian ethics, fulfilling one's responsibilities, such as to provide care for others, is not something endured but expressed.



Figure 21. Free sign placed outside the Slow Down Café.

A clear example of this was a pink sign placed outside the Slow Down Café that read in large letters, “FREE 免费.” I asked Mr. Wang why, especially if money could help cover rent to keep the café open. He replied without any noticeable hesitation, “因为我们是必须要把自己的善意表现出来，让人家能够接受。 [Because we must express our goodwill, so that others can accept it.]” He expressed a willingness to do good, and the sign was simply a new medium for something he had always been saying. But perhaps this goodwill wasn’t as much free as it was priceless.

It is in these moments that Confucian ethics and the ethics of care converge. Where Tronto argue that care *ought* to be understood as a collective social practice rather than a private burden, Confucianism offers an account of how this orientation becomes embedded in daily life through moral formation, ritual, and a relational conception of the self. This moral orientation helps explain what Chapter 1 could only describe but not account for: why the shopkeeper at the breakfast parlor checked on me when I skipped a morning, why Ms. Cheng kept her husband in the shop rather than inside, why Mr. Guo redirected his neighbor at the train station. If responsibility is understood relationally rather than individually, then the well-being of others naturally becomes a shared concern. Intervening when someone needs help walking home, inviting them for tea, or simply keeping an eye out, is not seen as intrusive but as part of the work of living together.

Social Cooperation and Being a Good Neighbor

Beyond a virtue, care in Pingxi is also sustained by something more pragmatic: a clear-eyed understanding that social cooperation makes life easier, and that the neighbors nearest to you are often more reliable than the family members furthest away.

The café soon became my common ground to pass time. Immediately, with a wide smile, Mr. Wang asked “要不要喝杯咖啡啊？ [Do you want some coffee?]” But, with the Keurig whirring in the background, it was more a formality than question.

Right as we started talking, a kind gentleman, who greeted Mr. Wang as 学长 [dean, or term of respect], briefly stopped by. They greeted and wished each other well, before he

continued his walk. The whole interaction lasted no more than a minute. Regarding relationships cultivated in Pingxi, Mr. Wang shared a proverb that structured much of his thinking:

因为我们在这里住了很久很久了，所以我们跟邻居都要保持比较好的关系。台湾也有一句话叫“远亲不如近邻”，意思是很远的亲戚不如很近的邻居。所以，你就是要敦亲睦邻，跟邻居大家都非常和好。你在这样的环境之下，才会生活得很开心。就好像我刚才邀请他说：“来喝个咖啡也没关系。”我们这家没开的时候，在我们自己家也是一样的，邻居来喝咖啡，我们就请他们。你一开门看到谁走过，我们就请他们喝咖啡，对，或者泡茶也可以。

Because we've lived here for a very long time, we try to maintain good relationships with our neighbors. In Taiwan, there's a saying: "Distant relatives are not as good as close neighbors." It means that faraway relatives are not as helpful as nearby neighbors. So, you should practice good neighborly relations and get along well with everyone. Only in this kind of environment can you live happily. For example, just now I invited him and said, "Come have a coffee, it's okay." When our shop isn't open, we do the same at home. When neighbors come by, we invite them for coffee. When you open the door and see someone passing by, you invite them in for coffee or make some tea. That's fine too. (Mr. Wang)

Mr. Wang explained how relationships were maintained in Pingxi. Even as we were talking, he would play the role of a barista offering coffee or tea to anyone who had an interest in stopping by. The coffee and the tea were not monetarily expensive items, but they indicated a level of generosity and willingness to be acquainted. Whether in a public storefront or at home, residents used them as a social lubricant to offer 'permission' for locals to catch up or simply sit together. It also makes clear that their relationships are not simply born out of proximity. Rather, they were a result of a care pursued over time.

More importantly though, Mr. Wang developed a foundational backing as to why he believed maintaining good relationships are important; the reason is practical as much as it is moral. Especially for towns in the countryside where relatives or children are often in Taipei, neighbors become the most reliable source of daily support. The care one requires only increases

with age, but a child two hours away does not have the capacity to help with immediate crises or daily favors. Further, there is a level of independence one wants to maintain. Mr. Wang's answer is to lean on his neighbors, not out of resignation but as a deliberate investment. Every interaction and cup of coffee offered without expectation accumulates into a form of social capital that can be drawn upon in moments of hardship.

This is the pragmatic underside of *ren*: not only compassion as an abstract virtue, but mutual investment as a lived strategy. The soft edge of the Old Street, described in Chapter 1 as the architectural condition that places shopkeepers in continuous proximity to one another, is only useful if the people within it choose to face outwards. Confucian ethics provides the reason to do so.

Building the Future

Beyond care as personhood and a means of building a support network, a conversation with Mr. Guo pointed towards something else: care as a long-term investment in one's own future, a reframing that suggests filial piety itself may be evolving.

We met at the back of his cafe, where sunlight had landed perfectly on colorful sheets of handmade paper pinned across the wall, rendering them almost like stained glass. Moving away from traditional ideas of filial piety, Mr. Guo does not assume his children will return as he once did for his father. Instead, he has begun building the conditions for his own care by investing in the community that would one day surround him.

Mr. Guo's efforts began with an event at his cafe and for a nearby grandmother, his wife's church sister, where she could sell handmade cakes to gatherings of twenty to thirty people,

giving her an income and a renewed sense of purpose. Encouraged by the response, Mr. Guo began imagining other ways the café could serve the community. The handmade paper above us was the start of what he hoped to be a sky lantern recycling and craft workshop. He talked about of converting the old elementary school into a lifelong learning center for the older adults. He also recently completed training to become a forest educator. His list of projects felt endless. He explained the reasoning behind this:

我以后老了也会这样子。所以我要常常办活动，我要我家有人来住，我就不用想着我的孩子一定要天天回来看我。这是我的想法，所以我也常常办这个活动。

When I get old, I'll probably be the same. So, I often organize activities and hope people will come stay at my home. That way, I won't have to rely on my children to visit me every single day. That's how I think, and that's why I often organize these activities. (Mr. Guo)

Xiao here appears refracted through experience, transformed by the recognition that care could be redistributed across a wider network without being diminished. Rather than relying on family, Mr. Guo, and many others in Pingxi too, are working hard not only to build a home in the physical sense, but also one of relationships and community networks so that one day, a support network will exist for him when he grows old. Rather than waiting Mr. Guo is actively building a world to care for his future self.

Familiarity: The Foundation for Community Care

Ultimately, relationships are born out of a good will and for the hope of home that will persist beyond their current selves. The interpersonal interactions and ties along the Old Street.

In fact, Mr. Wang's friend bumping into him was typical. Living among their childhood friends made it easier to develop a sense of community, achieved over a shared collection of memories, schools, people, and places.

The result of this migration to and from Pingxi declares itself in a single sentence I would hear from nearly everyone I spoke to. Residents, shopkeepers, doctors, and anyone who had chosen to make their life here, would say: 我们都很熟 (*wo3men dou1 hen3 shou2*), translating to “we all know each other very well.” In plain use, the most direct translation of 熟 (*shu2/shou2*) to the English language is “familiar.” Afterall, what is familiarity if not being among a network the people you know enough to care about? Moreover, 熟 carries a second meaning: “ripe,” most often used to describe the quality of fruits or cooked food that have reached its optimal quality. Applied to relationships, it acknowledges that familiarity is not instantaneous but achieved over time. Like a slow fermentation that transforms the raw material of proximity into something nourishing, 熟 is not where one starts but arrives at.

This distinction matters for dementia care. Familiarity has been studied as a psychological phenomenon and feeling that arises from the memory of past experiences, triggering recognition and a sense of safety even as explicit memory fades (Sun et al.). As cognitive decline progresses, familiarity functions less as recall and more as reassurance. Alternative interventions have tried to harness this. Assisted living facilities invite residents to bring their personal belongings; the Glenner Center in San Diego employs reminiscence-therapy; De Hogeweyk tailors its residential living quarters to the personality of its residents. While outcomes are inconclusive, findings support the potential for familiarity to be a significant a non-pharmacological intervention to improve quality of life (Yanagida et al.). Importantly, what these

models attempt to manufacture by design, Pingxi has sustained through its history, framed not as an intervention and more of a condition.

Through this lens, Mr. Wang was clear about why neighbors step in during moments of confusion, why an invitation for coffee is welcome, or why a person with dementia accepts help from a shopkeeper without distress.

Do they get angry if you don't let them do certain things?

Because we're all very familiar with each other. We're locals, so we know each other well. —

He wouldn't think it's abrupt?

It doesn't feel strange to him. No, not at all. We've always been close. Inviting you for coffee is a normal thing. He knows you too, because we all grew up together since we were young. (Mr. Wang)

This is the connection between the two chapters. Architecture creates proximity, or the physical fact of being close enough to see, to hear, to notice. Cultural and moral values create the willingness to look up when someone passes, to keep the café open even when funding runs out. Neither is sufficient alone. Proximity without willingness produces a street full of strangers, whereas willingness without proximity produces good intentions with no means of delivery. It is only together, held within the shared history of Pingxi's residents, that they produce 熟, the deep familiarity through which people come to care for one another. Just as Ms. Shi, the head nurse at the Pingxi Community Health Center, had envisioned, the consideration of the past, present and future are intertwined.

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I had arrived in Pingxi expecting for some outwards semblance of difficulty or struggle with aging and loss of memory, as if living with dementia as an illness would be the impetus for care between each neighbor, and then perhaps it would be through caregiving that we become acquainted with one another. That, at least, is my perception of caregiving in the Western context. We rise to the moments that call for us. We design care institutions, whether it be hospitals, nursing homes, or day care centers, that operate on the hope that community will follow.

And yet in Pingxi, the reverse is true. Care does not emerge in response to need; it uniquely precedes it. The relationships are already there, ripened over decades of shared life, sustained by cultural values that understand care as duty rather than burden, and activated by a built environment that keeps people within reach of one another. When dementia enters a life in Pingxi, it enters a community already oriented toward care.

Chapter 3: Accompaniment

To observe community care, architectural and cultural, is one thing. To ask why it persists is another. This chapter asks a third question: how has it been sustained over time, across people, and at a scale beyond any individual relationship? Situating the informal care found of the Old Street within a broader ecosystem shows how caregivers and recipients alike have been accompanied across multiple dimensions of life Pingxi.

Making Care Legible

During one of my last days in town, I went on a walk with Mr. A, a gentleman I had met at the breakfast parlor, the same one whose shopkeeper had by then begun checking on me every morning. With a newfound understanding of the experience along Pingxi's Old Street, I recognized the community care that is imbued in the home, shop, and street. By then, the "New Taipei Dementia Care Station" signs, the reason I had been brought here, receded into the background. Still, I pointed to one around the corner and asked him, "Do you think they make a difference?"

He replied without missing a beat, "Do they make a difference? Well, don't you see the two a-mas [endearing term for grandmother in Taiwan] here? Of course they work!" I laughed and smiled, waving and nodding to the a-mas too. The wayfinding sign had brought friends together.



Figure 22. Shopkeeper conversing with locals in front of his storefront.

I met with Ms. Shi again, hoping she could point to a single factor behind Pingxi's success. Instead, she reframed the question entirely, insisting the changes are less physical or spatial than they are educational.

我们其实，我们没有改变很多，就是他原来的样子，只是我们从人的观念上面去改变。就是当你家里面的人，或是邻居谁，是失智症个案的时候，你可不可以多一点点心，去帮我们看一下这个老人家走去哪里，有没有什么问题这样。然后我们也是把以前古老的爷爷奶奶在家门口，大家聚在一起喝茶聊天那个样子，就是感觉好像是再把它重新再拿出来而已。

We haven't changed much; it's just keeping things the way they originally were. The only change is in people's mindset. When someone in your family, or a neighbor, has dementia, can you just be a little more mindful and help us keep an eye on where that elderly person is going, and whether anything seems wrong? We're also bringing back that old image of grandparents sitting at the front door, everyone gathered drinking tea and chatting, it feels like we're simply reviving something that already existed. (Ms. Shi)

Ms. Shi's reflection suggests that Pingxi's approach to dementia care is less about constructing entirely new systems than about reawakening older social practices. Prior to my visit, I might have attributed the gathering solely to the signage—wishful thinking that a series of circles, no more than nine inches each, could generate a sufficient level of care to allow those living with dementia to age-in-place. Instead, what my explorations in Chapter 1 and 2 revealed, and what Mr. A did not mention but knew, is that every grocery item returned, story exchanged,

and coffee shared can be attributed to broader architectural and moral histories that residents reach into. The guardian angel network formalized what 熟 had already produced.

This is what Tronto means by redefining the ordinary. The guardian angel network succeeded not by training residents to perform exceptional acts, but by rewriting expectations of community care until they become habitual. When I asked several shopkeepers with the wayfinding signage about the training they received, when it occurred, how many sessions they attend, or the material that was taught, most could not tell me much. Still, eight years after the start of the program, residents continue to look after one another. Pingxi provides the conditions, both concerted and embodied, for a dedicated endeavor to become instinctual.

I could only smile, knowing that growing old did not mean growing alone, and that those living with dementia felt safe and empowered enough to age-in-place and remain an active part of the community. Each sign stood as a marker of something much larger: a community that decided, long before the program existed, that care is a shared responsibility.

Among a Broader Network of Care

The guardian angel initiative is situated among a broader formal network of care. After all, while neighbors and shopkeepers provided a daily attentiveness, certain needs were more demanding or inaccessible. Others were medical or required additional forms of support.

Upon a visit to the San Ka Mui Daycare Center, I saw a brainstorming map taped a wall that categorized support in Pingxi into four categories: 中央 [central government], 民间 [civil society/the public/non-governmental sector], 地方 [local government], and 日照医療 [day care

and medical services]. Importantly, the circular layout of the diagram positioned care not as a hierarchy but a community network, all the while centering residents in the middle.



Figure 23. Chart in San Ka Mui Daycare Center detailing different resources available.

The map connected many of the services present in Pingxi. Among them were: the Pingxi Community Health Center that offered medical assistance; an elderly care center in Jingtong, the next town over, that provided classes and lunch for older adults; Be The Light, a non-profit organization, that picked up and dropped off residents from that center; a Taoist temple that packaged and delivered meals to those facing food insecurity; and doctors and nurses from Tzu Chi Medical Association who volunteer to visit those who were home-bound.

Humanistic Care as Medicine

While technically formal, the quality of care I witnessed indulged in the same humanism as a shop on the Old Street. This realization was made when Mr. A brought me to visit a-ma that same day. Though we only intended to say hello, we bumped into a group of volunteers who were visiting her for an hour. The volunteers aimed to provide regular free medical services and outreach to rural areas. The visit was partially a medical one, to check on her health, and partly

social, to hear about what she had done that week. I asked a-ma how she was feeling, to which she replied with a grin, “The feeling? The feeling is wonderful. Like today, with you all coming here ... I never would have expected it.”



Figure 24. Doctors coming to visit a-ma.

I looked around and could not spot an immediate medical concern. There was no immediate ailment or condition to be treated. Curious about why the team had journeyed all this way to talk to a-ma despite this, Dr. Liao shared:

跟你说，慈济医疗最大的特点，就在于人文关怀。这种人文关怀，其实是一剂非常好的药——这就是慈济医疗的精神所在。而且这种感受不只是我一个人有。... 最大的支撑，最大的力量，其实来自于志工的团体。我认为，这正是人文医疗与众不同的一个重要之处。

Let me tell you: the greatest characteristic of Tzu Chi medicine lies in its humanistic care. This kind of humanistic care is itself a wonderful medicine—that is the spirit of Tzu Chi medicine. And this feeling is not mine alone ... the greatest source of support, the greatest strength, comes from the community of volunteers. I believe this is one of the most important ways in which humanistic medicine is different. (Dr. Liao)

The concept Dr. Liao named, 人文关怀 (*r sen2 wen2 guan1 huai2*), translates to humanistic care and is defined as the “clinically excellent care that is kind, safe, and trustworthy” (Reeves). The

term begins with necessary clinical knowledge but acknowledges that medicine alone is insufficient. Instead, the latter three tenets of kindness, safety, and trust provide additional support. Kind care allows for healthcare professionals to share in a patient's experience. Safe care encourages patients to engage more openly. Last, trust fosters a collaborative relationship. Placed altogether, these qualities can lead to fewer hospitalizations, lower overall healthcare costs, and lower staff turnover (Cunningham; Reeves).

What humanistic care adds aligns with Kleinman's distinction of between disease and illness: whereas biomedicine treats the former, humanistic medicine attends to the latter, addressing the lived, relationship experience of suffering that clinical protocols cannot reach. Using humanistic care, Dr. Liao spoke about healing as a process rooted in emotional support, empathy, and moral commitment, describing it not as a supplement to medicine but as "a wonderful medicine" in itself. The most enduring support, he suggested, emerges not from institutional capacity alone but from the collective compassion embedded in community life.

The nurse in the room added:

要落实行动，不是只有用口说。什么是人文？人文就是要去落实，要去行动。

We must put things into action, not just talk about them. What is humanistic care? It means putting it into practice—it means acting. (Nurse)

As our conversation became less formal, she used the shorthand 人文, to refer to humanistic care. Directly translating to "cultural activities in human society," this shorthand implies that care is inherently human, that it would be near impossible to go on about our day-to-day lives without thinking about the lives of others. This was their explanation for volunteering.

It was also, I realized, the same explanation for the informal care along the Old Street. The language is different, but the ethic is the same.

After saying goodbye to a-ma, I joined a car ride from the Be the Light Association. The driver, Mr. Lin, had just picked up residents from the day care center in Jingtong and was bringing them home. I asked why he worked here. “We are helping people,” he said, “but I am the one who benefits the most. I have been driving for only a few months, but they treat me like their own sons now.” For Mr. Lin, working at the non-profit was not transactional but an experience that would strengthen his own tie to community.

What struck me about each was not their clinical function but how even these more institutional forms of support remained deeply shaped by the same values that animate everyday life on the Old Street. Evidently, the principal commitments to responsibility, social cooperation, and shared investment for the future are present in both the informal encounters of the neighbors and formal structures that support them too. Formal care is not a separate system layered onto community but rooted in the same soil and held together by a conviction to see each one another not as patients but as people. In both, the same values of benevolence and humanness persist. The systems are imperfect, and the needs are great. But across every register, Pingxi is doing its best to provide care to the furthest reaches through the same relational logic that structures life on the Old Street.

Redefining Caregiving Through Accompaniment

The result of Pingxi’s encompassing care network of is what Paul Farmer identified as “accompaniment” (“Paul Farmer and the Audacity of Accompaniment”). Building on Kleinman’s

work, and after observing remarkably effective HIV care despite its limited infrastructure, Farmer's determined two conditions under which care is most effective. First, care is best delivered in familiar settings, because familiarity fosters trust, mutuality, autonomy, and the conditions for genuine care. Second, accompaniment requires a long-term commitment, or what Farmer called "pragmatic solidarity," an enduring presence grounded in compassion and shared fate over mere technical expertise. The accompanier remains throughout the progression of the illness, committed to seeing it out (*Paul Farmer*). Pingxi has fulfilled both conditions through circumstances particular to itself.

Familiarity, as described towards the end of Chapter 2, is a structural feature in Pingxi. As a 老家 [ancestral home], care lives *in situ*, rooted in the same the sites, people, and rhythms that have always been there. On walks with Mr. Guo, he would point out shops that have stood since childhood fifty years ago now. Many attended elementary school together, grew up on the same streets, and eventually returned home. A grandmother may not remember the cashier at the breakfast parlor she has visited daily for twenty years. And yet, a lifetime of living here gives reason for that cashier to look out for her. Familiarity here draws on a collective memory, sense of trust, and shared understanding, accumulated long before any diagnosis.

The second condition, pragmatic solidarity, has been met through the long-term commitment residents hold toward one another. Mr. Wang described it plainly:

只是说，我们当然，这个工作、这种行为啊，必须要长期的，**“long time”**，长久的。要不然你今天，说不定你要拜托人家做什么，来请人家，人家不会认同的。嗯，那你必须要一直长久。你看起来，你也没有什么目的啊，嗯，来做这些事情。所以我们就不会有负担，我们也希望他不会有负担，不要有压力。大家都好好这样过日子，大家很开心过日子。所以，如果这种更回于在一个、一个乡下的地方，能够这样下去的话，这个地方才会快乐，才会这样。要不然，它很辛苦。

It simply means that this work, this kind of behavior, must be long-term, *‘‘long time’’ *, enduring. Otherwise, if you ask someone for a favor today, they might not agree. So, you must be consistent and persistent over a long period. It should look like you don't have any ulterior motives. That way, we won't feel burdened, and we hope they won't feel burdened or stressed either. Everyone can just live their lives happily. So, if this kind of approach can continue in a rural area, that place will be happy and thrive. Otherwise, it will be very difficult. (Mr. Wang)

Farmer described accompaniment as going somewhere with someone, breaking bread together, being present on a journey with a beginning and an end. In Pingxi, that journey is also literal. To be born, settle, retire, and eventually die here is to implicitly commit to accompanying the people who will do the same.

This matters because it challenges the assumption that effective care requires specialized institutions or clinical expertise. What Pingxi may lack in specialized treatment, it compensates for in familiarity of people and place. In fact, in separate conversations with Ms. Shi and Dr. Liao, both mentioned De Hogeweyk as models that intrigued them, particularly the way nurses there work within everyday settings like a convenience store. This point they were reaching towards was the same one Pingxi has arrived at through different means: that care is most effective when it is integrated into life rather than cordoned off from it.

Accompaniment acknowledges the lived realities of illness and rewrites the terms of caregiving itself. First, it dissolves the boundaries between the public and private, or between the home, shop, and street, that ordinarily separate the caregiver from the recipient. Ms. Cheng continues to fulfill her caregiving duties in the same space that she manages her shop. Mr. Guo redirects his neighbor at the train station as part of his morning. Second, it asks us to all be caregivers in varying extents. The shopkeepers who live on the soft edge of the Old Street may not claim caregiver as part of their profession, and yet they are.

In the end, accompaniment found through community care is the answer this thesis has been building towards. Community care succeeds where institutional models fall short because it does not wait for people to come to it—it finds caregivers and care recipients where they already are, embedded in the built environment of daily life, and ensures neither will have to navigate their future alone.

On Accepting Dementia and Dying

This kind of community care relies on a broader acceptance of dementia itself. When I first arrived to Pingxi, I had used the Chinese term “痴呆症” (*chi1 dai1 zheng4*) to communicate my research interests, believing it the standard term for dementia. *Chi1* means “imbecile” or “stupid” and *dai1* being “expressionless” or “blank.” I had some vague idea of the stigma and the offense, but the World Health Organization had used it, so I assumed it was acceptable. Instead, even in a medical setting, Ms. Shi consistently used the term “失智症” (*shi1 zhi4 zheng4*) for dementia, which translates to “loss of wisdom” or “intelligence disorder”. It’s softer, more humanizing. Akin to values of humanistic medicine, a community must be willing to see someone clearly before they can accompany them through dementia.

This acceptance has extended toward conversations around death and dying. Ms. Shi recalled that simply raising the topic was once interpreted as an ill omen:

很多人就說「你在出我眉頭」、「你在揍我死嗎」？

Many people would say things like 'you're getting on my nerves' or 'are you trying to be the death of me?' (Ms. Shi)

Yet, attitudes appear to be shifting. Over lunch with Mr. Wang and his family, his son said matter-of-factly, “Now that we are all getting older, dementia is not a matter of if but when.” This is not to minimize dementia, either as a disease and illness. But, rather than shy away, residents speak about dementia, aging, and death more openly now. “When it comes to death, it feels like it’s something that can be discussed more easily,” said Ms. Shi.

It was also in confronting death where one could finally step back, reconsider, and clarify what constituted a meaningful life. For Mr. Guo, this meant staying active in his community:

大概我喜欢这样子，让老人家觉得：我的生命不是已经要老了、不是要死了，我还有很多事情可以做。对，这就是我比较想做的事。

I think what I really like is helping elderly people feel that their lives aren’t just about getting old or waiting to die—that they still have many things they can do. Yes, that’s what I most want to do. (Mr. Guo)

Mr. Guo solidified that old age, dementia, and cognitive decline are not death sentences. Pingxi is a town people return to die. He recounted the friends who has passed and the quiet reality of growing older in a shrinking town. But between diagnosis and death, there is life to be lived. He could not dwell on loss too much. He decided that caring for others was his way of moving forward.

Others tended to death differently. It was the following Tuesday and keeping up with the agreement with Mr. Wang the week prior, Ms. Ye brought nearly thirty older adults to the Slow Down Café. She asked all of us to stand and gather in a circle for an exercise routine. Standing in the center, she enthusiastically moved her arms up and down, and everyone soon started copied her. She projected her voice and encouraged all of us to keep going. I initially assumed the role of a videographer, careful not to let my presence impeded on their activity. But, one a-ma pulled me in and suddenly I was in a conga line, dancing too. She held my hand, looked me in the eye, and

told me, “别要担心。看心就好了。” [Don’t worry, just be happy]. She did not know that I was here to study dementia, decline, or wishing in that moment that my grandfather could be here too. But she spoke to something closer to the center of things: in the face of what cannot be controlled, what remains is our presence, and all we can do is persist.

Future of 平溪 (Pingxi)

The characters of 平溪 literally translate to “to level” and “stream, creek, or rivulet.” Rain carves into the mountainside along the coursing Keelung River, and on some days, wondering about the future of Pingxi feels just as slippery and uncertain as dementia itself.

On my last day, I followed Mr. Wang on a final errand. With the members of a community organization aging, he was tasked with disbanding, meaning that their remaining funds needed to be distributed. There were three stops planned for the day: a-ma’s house, the Jingtong adult day care center, and the Taoist temple. At each stop, Mr. Wang handed over a red envelope with cash, and a blessing for their services could continue.

The gratitude at each step was warm, but I couldn’t help feeling the weight of the moment too. Each stop became shadowed by a sense of closing. Who would continue the work of community building? Would their children return? Or would Pingxi recede into the distance?

These questions were the circumstances under which care existed here. The dementia care model worked in part, because of conditions that could not have been designed: a small town where nearly everyone grew up together, where geography created a natural boundary, where the economic history of departure and return produced an aging population deeply invested in one another. Was it too much to ask for it to last?

I searched for certainty at each of those red envelopes, just like I searched my grandfather's eyes for his memory. In both, I could not return with assurance.

But, the lesson of Pingxi was never in its reproducibility, because dementia does not offer certainty. It offers only the present moment, and the choice of what to do within it. Throughout my time in Pingxi, care revealed itself less as a fixed system than as an ongoing practice, made and remade each day, by people who have chosen to continue showing up. Even when individual memory fades, the community remembers. When the illness moves forward, the accompanier moves with it.

And this is where the thesis returns to the beginning: not to Pingxi, but to a dim-sum restaurant in New York, where a son watched over his father from across the room, and a granddaughter asked a question she already knew the answer to. Caretaking for a loved one with dementia is unlike other forms of caregiving, because sharing the illness requires a projection, searching for the person you once knew in the body that has always been. Despite the recession of the mind, the caregiver accompanies both themselves and the recipient they've committed to into the future. Every forgotten chore filled in, every unspoken sentence interpreted through the gaze of their eyes, every outfit worn planned the evening before: the movements of the accompanied and accompanier, the care receiver and giver, grow synchronized as the disease moves forward in time. Care cannot be rendered at intervals but must be a continuous, embodied commitment. I want to believe, and the residents in Pingxi help me believe, that even when a body recedes into uncertainty, care outwits dementia. Proper care is relief from illness.

Perhaps, this is what it means to grow old together. Not to escape loss, or to outpace it, but to ensure that we will always have community care to lean on.

Conclusion

I returned often in my writing to the memory of a panoramic view from the patio of the Taoist temple. Lanterns continue to rise out of this valley where passerby like myself have inscribed our dreams onto the colored paper that float into the sky against the low rumble of the passing train. I ponder if letting go in the physical sense helps ease the emotional too. It is spiritually metaphorical in this way, to hold our breaths on hope as we inevitably move onto the next day again and again until we can no longer, just as my grandfather did. As we all will.



Figure 25. left: view from the Buddhist temple in Pingxi; right: released lantern floating up to the sky

I came to Pingxi seeking to understand why their model of community-based care succeeds where institutionalized and highly specialized systems often struggle. The introduction posed the question of whether a network of care, informal, relational, and distributed across a neighborhood, could be cultivated.

The first chapter argues the built environment of the Old Street does not merely accommodate care but actively produces it. The shophouse typology, where residents live and work, where the domestic interior opens onto the public street, refuses to separate care from daily life. Ms. Cheng keeps her husband within sight by keeping him in the shop. The breakfast parlor's open gate places its shopkeeper at the soft edge of the street, where watching becomes a natural extension of working. The train station and bus stop, the town's two main points of entry, become informal checkpoints where neighbors redirect those who have wandered. The architecture provides the foundations for community care not through a design proposal but as an existing spatial logic: integrated into the neighborhood as ordinary rather than exceptional.

The second chapter argues that architecture alone does not explain why the shopkeeper looks up. While proximity creates the opportunity for care, cultural values create the willingness to use it. Confucian ethics align with the ethic of care in their goals of life as fundamentally relational. The filial obligation of xiao, outward compassion of ren, and ritualized attentiveness of li, brought residents back to Pingxi and gave them a moral language for turning toward one another rather than past each other. Caregiving is described not as burden but duty. Goodwill is expressed not as generosity but as expectation. And familiarity, ripened over decades of shared life, transforms proximity into care, the difference between a street full of strangers and a street that looks after its own.

The third and final chapter asks how care, rooted in familiarity and relationship, sustains itself when individual memory begins to fail. The answer is not a single program but an ecosystem where informal and formal systems are shaped by the same fundamental values, where the guardian angel signs formalize an ethic that is already present along the main street. Farmer's concept of accompaniment gives this ecosystem a name: a long-term commitment to

presence, sustained by shared fate rather than professional duty. And accompaniment, read alongside Kleinman's distinction between disease and illness, develops this thesis's conceptual destination, the form of care that dementia, understood as an illness lived in the fabric of everyday life, most requires.

Taken together, the three chapters close the gap the introduction identified between dementia care design, lived experience, and caregiving. Architecture creates the spatial conditions. Culture creates the moral willingness. Organized efforts sustain both. And in Pingxi, none of them were designed from scratch. This success has been built over decades of shared life, economic shifts, and generations of migration and return. I think about the typical shophouse typology of buildings along the Old Street, shopkeepers that grew up together, those who came back to be near aging parents, and the language that calls a neighborhood both an old street and ancestral home—the same place named twice, for what it is and what it holds. The guardian angel network recognized existing community, pulled the past into the present, and called it into the future.

Future Directions

So, if not a blueprint, what fragments of Pingxi can we take to turn the extraordinary into the ordinary in our own lives? The answer Pingxi, and this thesis, offers is not a call for us to return to the rural countryside to seek solace, nor a mandate for urban planners to replicate Taiwan's architecture. Its conditions, geographic, demographic, historical, and cultural, are particular to itself, and to pretend otherwise would miss the point.

What Pingxi, Taiwan provokes instead, perhaps more ambitiously, is a confrontation with something more intrinsic than design: our assumptions about who is responsible for care, and our social consciousness and the belief in the individual “I” (Tronto). What has been increasingly visible in the American healthcare landscape is the belief that elderly care to be a purely personal matter, something arranged between a patient, their family, and the medical system, handled privately and resolved institutionally when it can no longer be managed at home. When I had suggested the idea of community care to an architect, I was told to keep in mind the capacity of caregivers and society at large. Surely, a bodega around the corner cannot carry everyone’s keys, nor can a café remember the name and face of everyone that passes by for their morning coffee.

This is true. But it is also true that hospitals and nursing homes that specialize in care are created, in part, to subtract the responsibility that the remainder of our urban fabric needs would otherwise carry, to concentrate care in designated spaces so that life can proceed without it. Not just an economic one, though caregiver burnout and early mortality are real. But a human one, the cost of a world in which the person with dementia is moved somewhere else, cared for by someone designated to do so, while the street they lived on continues without them.

Rather, community care becomes opportunity for us to reimagine our relationship with healthcare. It alleviates the limbo that insurance and medical systems entrench us in. Are we in or out of network? Will we get an appointment with the doctors? Who will take care of us? Caregiving is a significant responsibility, but community care can change who bears it and how. It erases the binary between the cared-for and the uncared-for, and the question of where care begins and life resumes. If for nothing else, this thesis argues that *everyone* deserves to be in a network of care.

And, this is precisely the problem the caring city is positioned to address. The caring city, as a framework, asks us to reimagine urban life not as a backdrop to care but as a medium to design streets, neighborhoods, and institutions that distribute caregiving across the social fabric rather than concentrating it in clinical ones. Binet's urban infrastructure of care, Tronto's ethic of care as collective responsibility, and Haleguoua and Johnson's service-oriented neighborhood each point toward a city that does not extract care from daily life but weaves it in. Pingxi models the hallmarks of a caring city through its encompassing network of community care.

In a city, we move through a world populated by people we know in partial and peripheral ways: the bus drivers or subway conductors that bring us to work, workers at the bakery, and cashiers at our local deli. These are the people that inform the time we spend with our loved ones, the places we traverse through, our social circles and communities of belonging. These are Granovetter's weak ties, the casual acquaintances that, in Pingxi, have become the connective tissue of care. They do not replace the caregiver. But they surround her, making the work of caregiving less isolating and more possible to sustain. They are the difference between a person lost and a person found. The caring city is a set of conditions to be cultivated, wherever people are already within reach of one another. Pingxi is one demonstration of what becomes possible when they are.

Personal Motivations

On a final note, the research and writing process for this thesis has been inseparable from my ye-ye's personal experience with the disease. His diagnosis first came in 2016 while I was still in high school. As one of his caregivers, I learned to mark the progression of his illness not

by its medical progression, but by the erosion of our relationship. Dementia manifested itself first in a steadfast effort to hold on to an inevitably closing future. It was at the onset of his disease that we started an annual tradition to visit a peach farm nearby every summer, a joy accompanying the melancholy of loss. I had felt *some* steadiness by the time I had gone to college, a plateau in his decline. I would return nearly every break to spend time with him; at least there was a reprieve to the unpredictability of the disease. By the end, I had adopted the name of his daughter-in-law, my mom, or his wife, my grandmother, depending on the day. Like a thief in the night, we felt stolen from, if not for his memory, then for the time we might have shared. In Chinese, 过 (*guo4*), meaning to cross or to go beyond, is a euphemism for dying. Ye-ye went beyond in 2023.

I wrote about studying dementia care in my college application. Many other interests and passions arose during my time here. But, as if heeding to a call, I finally returned to where I had started all along. This thesis has been a practice of reflecting, understanding, and remembering, holding onto the things that slip away. I wonder of the care and comfort that, if not for ye-ye, can be provided for the families around the world who too, have a loved one afflicted by this illness.

Medical care is faith in the human body to return to its former health. But the confrontation of dementia requires an acceptance of a progression towards decline, an admittance that the medical system has its limitations. So let intimate caretaking alleviate the symptoms and illness. Cushion and comfort the walk towards the end.



Figure 26. Photo of ye-ye looking outwards.

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