Medical Welfare Provisions for Urban Older Adults in Mainland China and Hong Kong: A Comparative Study

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Abstract. This study compares the current situation between urban elderly groups and medical welfare provisions in Mainland China and Hong Kong and compares their ageing situations, medical welfare policies and implementation effects. Both regions face severe population ageing, yet they differ in medical resource distribution, welfare schemes and service delivery. Mainland China features unbalanced high-quality medical resources between eastern and western regions, incomplete elderly care talent supply, while Hong Kong encounters long public medical waiting times, financial pressure and cross-border health record sharing barriers. The paper identifies existing shortcomings in current medical welfare systems, and puts forward suggestions including strengthening cross-border policy connectivity, cultivating healthcare professionals, and promoting regional medical cooperation. The research limitations and future research directions are also outlined.

Keywords: Population Ageing, Medical Welfare Provisions, Mainland China and Hong Kong

1 Introduction

Aging is becoming a major problem worldwide, mainly for developed countries. Social scientists have become quite interested in this growing trend. For instance, Khan[1] states what comes next in support: In Asia, the population over 60 years of age is projected to grow to 25% by 2030; at the same time, the population over 65 years of age in the industrialized world will reach 25%. Almost every other continent, except Africa, is projected to have 25% of its population over 60 years of age by 2050 (p. 755).

The paragraph above also implies that most of the countries will suffer from the ageing process. For example, it seems like some developing nations, like some Southeast Asian countries are suffering from the process of aging, which was most likely caused by improved hygiene standards and because of this, increased life expectancy. Due to developments in holistic society and sanitary circumstances, we are happy to have achieved an extension in life expectancy; the majority may anticipate living beyond 73.3 years (World Health Organization). It seems like a good opportunity for humankind; however, ageing has become an inevitable tendency due

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to the lower fertility rate since the millennium. The voice of the older adults will be more and more vital than before. Thus, some regulations should be optimized step by step to ensure the rights of the elderly.

Certain nations, notably the four Nordic countries—Norway, Finland, Sweden and Denmark—exhibit superior social welfare programs for the elderly. A comprehensive public pension system, a precise life expectancy index, and collaborative involvement of various groups exemplify an effective social welfare system for the world. Nevertheless, the applicability of this opinion in different countries and locations necessitates additional discourse. Given the disparate institutional frameworks in Mainland China and Hong Kong, medical welfare provisions exhibit a robust variation. This implies the need to assess the adequacy of medical welfare services in comparison to the elderly population in these two regions, rather than simply copying the Nordic models.

Although they share the same Chinese culture and sense of belonging, there are great differences in the medical welfare systems between China and Hong Kong, which are attributed to different governmental policies. These disparities can be examined and contrasted to establish a benchmark for enhancing medical and health services in two places. Hong Kong is a multicultural modern metropolis in China, shaped by immigration; aspects of the Western medical welfare system are present in contemporary Hong Kong society, which can be studied and used by mainland China to enhance medical welfare for the elderly. Furthermore, the sample size of urban older populations in mainland China and Hong Kong is substantial, presenting diverse circumstances that enhance the dynamism of the subsequent study.

The study sought to evaluate the medical welfare provisions for older individuals in Hong Kong SAR and Mainland China by enumerating and assessing their policies pertaining to urban elderly care. For instance, the suitability of public medical services, healthcare cost, and specialized health services (rehabilitation care) for metropolitan older populations. Furthermore, concerning the present circumstances in these two regions, recommendations on several facets should be included at the conclusion of the paper. The proposed hypothesis asserts that the existing medical welfare policies exhibit deficiencies, necessitating enhancements to better serve older individuals in urban regions of Hong Kong and Mainland China.

2 Current Conditions in Mainland China and Hong Kong

2.1 Mainland China

Mainland China, with a population of over 1.4 billion from various ethnic groups, covers an area of more than 9.3 million square kilometres and features diverse types of cities, including modern developed cities (Beijing, Shanghai, Guangzhou, and Shenzhen) and some cities with weak economic levels in remote areas (Kunming, Lhasa, Urumqi, and Lanzhou). There are around 52.25 million elderly individuals in metropolitan regions and 66.56 million seniors in rural regions, respectively. Specifically, there were 190 million individuals aged 65 and over, with the urban seniors constituting 11.11% of this population. The quality of life for the elderly

population has markedly increased. There were 36.69 million seniors (aged 60 and above) with a high school or higher education. [2] As shown in Fig. 1. Table 1 illustrates the changes in population age structure across census years.

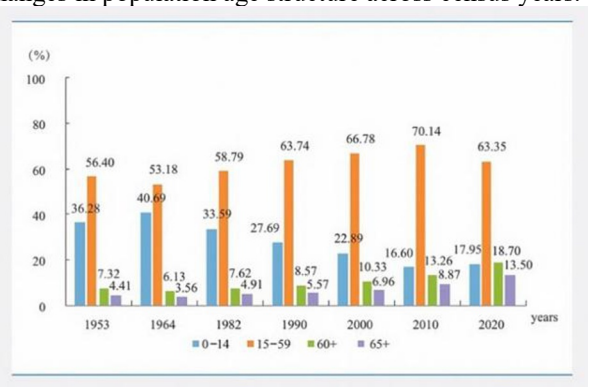


Fig. 1. Age Composition from Population Censuses (China).

Table 1. Age Composition of the National Population.

Unit:%	(%)			
Census Years	Demographic Breakdown by Age Group as a Percentage of the Total Population			
	0-14	15-59	60+	#65+
1953	36.28	56.40	7.32	4.41
1964	40.69	53.18	6.13	3.56
1982	33.59	58.79	7.62	4.91
1990	27.69	63.74	8.57	5.57
2000	22.89	66.78	10.33	6.96
2010	16.60	70.14	13.26	8.87
2020	17.95	63.35	18.70	13.50

Note: "#" indicates a major breakdown of the total.

In 2024, the Gross Domestic Product (GDP) of mainland China was around 18.74 trillion US dollars, as reported by the World Bank.[3] As seen in Fig. 2. The robust economic foundation in mainland China unequivocally bolsters the social welfare system for urban seniors, including increased investment in fundamental medical institutions and the organization of regular health assessments, to safeguard the rights of the old.



Fig. 2. Annual Gross Domestic Product of Mainland China, 2023–2024.

A study in the International Journal for Equality in Health points to an uneven distribution of premium healthcare assets, noting that Beijing, Shanghai and Tianjin held the highest concentrations of high-quality medical resources (HQMR) in 2020. Undoubtedly, medical resources in contemporary cities of eastern China are more sophisticated than in other regions, attributable to a robust economic foundation and sound regulations. Contemporary medical services can enhance healthcare for elderly individuals, thereby ensuring an improved quality of life throughout retirement. Nevertheless, several remote regions, such as the western portion of China, lack sufficient medical supplies. The quantity of hospital beds in Western hospitals is significantly fewer than in Eastern hospitals, as is the number of experts. Consequently, numerous individuals, notably the elderly, residing in the West may require to obtain medical assistance over considerable distances via railway or airplane.

2.2 Hong Kong

As an international metropolitan city in the world, Hong Kong has a large population due to the low fertility rate and a very long life expectancy, as noted by Shum & Lum, [4] and it is situated on a developed habitable land area of only 78 square kilometres. Expected to increase from 16.6% in 2016 to 36.6% in 2046, the growing number of elderly people accounts for the possible super-aged society of Hong Kong (an aging society aged 65 years or above in more than 20%). Elderly people in the workforce in Hong Kong had become a common thing. The elderly population in Hong Kong tends to face higher job stress and volatility that might be harmful to their physical health and make them more susceptible to falls, musculoskeletal disorders, traffic accidents, etc.

Developments in higher education in the medical sciences field, clinical medicine, public health, and rehabilitation science would increase professional treatments and services for patients aged with various diseases at the hospitals and associated institutions. This illness likely contributes to the strain on the public healthcare system. Public hospitals must accommodate several elderly individuals awaiting treatment due to their significant population. In 2024, the geriatric day hospital recorded a total of 170,963 patient visits.[5] (Table 2, Fig. 3, Fig. 4.)

Table 2. Statistical Overview of Geriatric Services in Hong Kong (2023–2024)

No. of Geriatric Outreach Attendances[1]	170963
No. of Geriatric Elderly Persons Assessed for Infirmary Care Service	364
No. of Geriatric Day Attendances[2]	36938

Notes:

[1]Data includes consultations conducted by Visiting Medical Officers

[2]Figures encompass participants in the Integrated Discharge Support Programme for Elderly Patients (IDSP)

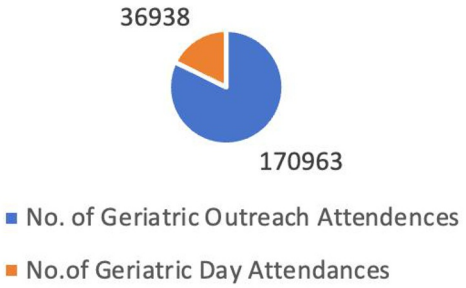


Fig. 3. Statistical Overview of Geriatric Services in Hong Kong (2023–24).

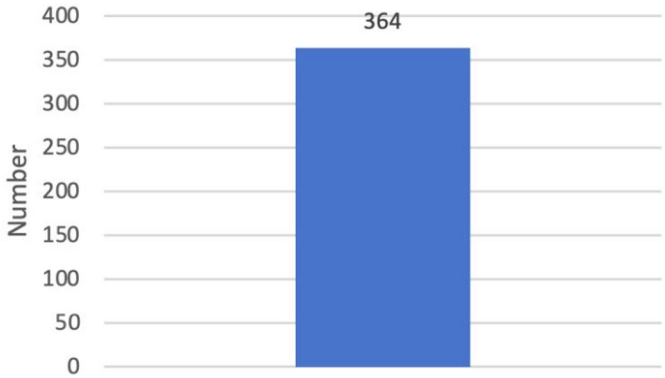


Fig. 4. Number of Elderly Patients Evaluated for Infirmary Care Services.

Data from the World Bank indicates that Hong Kong's economic output stood at roughly $407.11 billion USD for the year 2024.[6] Consequently, the economic scale permits the government to allocate additional resources to healthcare and guarantee health services for the aged. The GDP of Hong Kong SAR for 2023 and 2024 is illustrated in Fig. 5.

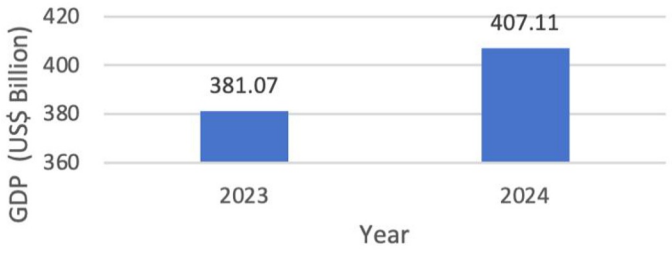


Fig. 5. Gross Domestic Product of the Hong Kong SAR (2023–2024).

3 Medical Welfare Policies and Provisions

Mainland China and Hong Kong have diverse medical welfare regulations, and the implementation of these provisions varies significantly. This document pertains to medical services for the elderly in urban environments.

3.1 Mainland China

In a nation characterized by diverse regions, the disparities between metropolitan areas of developing cities and those of relatively impoverished cities must be taken into account while formulating and implementing social welfare programs in healthcare. Most urban elderly medical welfare is covered by local government initiatives, namely the Urban Employee and the Urban and Rural Residents' Basic Medical Insurance systems. In 2024, 534.49 million individuals were registered in the Urban Employee Basic Medical Insurance, reflecting a growth of more than 13.29 million from 2023. [7] The positive condition in mainland China brings a desirable, feasible treatment in medicine and healthcare for old people. As a result, the financial burden of health care (surgical interventions, drugs, and special equipment) would be easier to alleviate, mainly for complex or atypical old age diseases, e.g., old age cardiac amyloidosis, old age polymyositis, and old hyperthyroidism. In addition, to support old people without children in the future, the Chinese government further built 40,000 housekeeping institutions under the handling of geriatrics with 7.991 million beds in 2024 for surely comprehensive geriatric healthcare services (National Bureau of Statistics of China, 2024b).

The government has successfully adopted several practical measures on medical and health services to provide economic support to the urban elderly. The medical and health system consists of community sanitary centers, Class III Level A hospitals, and several smaller hospitals, with a priority for urban people, particularly the elderly population, to a certain degree. Since a lot of physical check-ups are free of charge and are for both the government and hospitals. For patients older than 65, under a range of tumor screening, BP, and blood sugar tests, the stations provide regular physical tests to them to help the elderly make out minor and serious diseases in the early stage and observe them well to maintain the best quality of life. According to the National Health Commission of the People's Republic of China (2023), structural advancements in treatment security, financing mechanisms, and healthcare programs enabled the long-term care insurance fund in Jiaxing, Zhejiang Province, to allocate a total of 623 million yuan toward elderly care.[8] Consequently, more than 40,000 older individuals with mobility impairments receive assistance.

3.2 Hong Kong

It is a prominent financial hub and one of the most densely populated cities globally. Numerous seniors exert considerable effort however remain determined to occupy employment roles to enhance their quality of life in the metropolis. In 2024, the government and employers will provide an allowance of approximately HKD 1620

per month to individuals aged 65 and older, along with the Comprehensive Social Security Association (CSSA) Elderly Subsidy, which will range from HKD 4195 to 5000 for low-wage earners. Furthermore, the Old Age Living Allowance allocates HKD 4250 for individuals aged 65 and beyond. [9]

Public hospitals establish "Geriatrics" departments for the aged to optimize time and resources while providing thorough and expert diagnoses. HK government developed the Cognitive Disorder Diagnosis and Treatment Centre to assist older persons with cognitive difficulties in illness prevention and medical treatment. To expedite the execution of medical and health welfare, the HK SAR government undertakes measures to assist the aged in making informed choices to secure their healthcare through private medical services, including preventive nursing services. The SAR government has offered opportunities for citizens of Hong Kong aged 65 and over to cover medical and healthcare expenses since 2015. [10] By the end of 2025, 12,571 healthcare workers in Hong Kong had engaged in the Elderly Health Care Voucher Scheme. [11] See Table 3.

Table 3. Registration Statistics of Hong Kong Healthcare Professionals for the Elderly Health Care Voucher Scheme from 2024 to 2025.

	Registered persons by end of 2024	Registered persons by end of 2025
Western medicine	3451	3533
Traditional Chinese Medicine	4551	4752
Dentist	1569	1444
Occupational Therapist	191	155
Physiotherapist	880	759
Medical Laboratory Technologist	54	56
Radiographer	67	76
Registered Nurse	298	509
Chiropractor	171	177
Part 1 Registered Optometrist	912	954
Audiologist	40	43
Clinical Psychologist	15	14
Dietitian	46	58
Speech Therapist	42	41

In addition, even technologies have been used to offer benefits to the elderly. In the survey undertaken by Lam and Chung (2010), the respondents expressed that the use of the mobile device to access health-related information gave them the ability to ask better questions to their doctor-in-charge, so they better understood the disease they had and the consequences of alternative treatments. To wrap up, the integration of mobile technology enables the gaining of new knowledge for the aged by profoundly improving medical services and health care through fostering communication accessible to physicians and older persons. Also for MCI, the immersive VR might earn an essential role in the therapy for behavioral intervention and rehabilitation.

Some cognitive domains (attention and executive function) are predicted to preponderate over that of traditional therapy based on experimental data (Wong et al. 2025). [12] These two anecdotes in Hong Kong demonstrate clearly that modern technology has been combined with medical treatment to face the incontestable dilemma, like aged casualties of persistent disease. Other types of technical processes may support elderly persons in improving their quality of life, similar to useful innovations.

4 Challenges

The elderly in metropolitan regions typically possess superior material conditions in retirement compared to their rural counterparts, attributable to a more developed economic basis and a greater willingness to invest time and resources in medical and healthcare services. The distinct systems and statuses of mainland China and the Hong Kong SAR present numerous issues.

For instance, while medical services in Hong Kong are predominantly provided by public hospitals that give complimentary services and subsidies, numerous elderly individuals may contribute to prolonged wait times in these facilities. Schoeb (2016) indicates that certain patients endure wait times of nearly six months in public hospitals, resulting in older persons potentially missing critical emergency care when injured. The significant pressure for financial assistance from the government may result in the suspension of certain medical and healthcare measures.

Despite the local government's implementation of several sound measures, the deficit of professionals in nursing and caregiving remains one of the most significant challenges confronting society. Numerous Chinese students favor studying science over geriatric care and rehabilitative therapy in higher education. Moreover, numerous professionals are compelled to attend to the elderly unreservedly due to inadequate remuneration, diminished social standing, and significant pressure. Gassoumis states, “Frequently, family caregivers assume their caregiving duties with minimal education or training to equip or assist them in fulfilling a typically demanding role.”[13] This indicates that it is essential to cultivate a greater number of highly skilled professionals. Furthermore, the central and western regions of mainland China consistently encounter the issue of unequal distribution of medical resources. Optimizing the distribution of medical resources is essential for multiple western Chinese cities striving to merge medical and caregiving services. This structural improvement is especially critical regarding the deployment of top-tier medical infrastructure and personnel (HQMR).

Structural variations between the healthcare frameworks of mainland China and Hong Kong present distinct challenges for the aging population navigating both systems. Despite numerous hospitals in Hong Kong establishing data connections with medical institutions in mainland China, the “e Health” application has been prohibited from accessing mainland China since 2021, resulting in complications related to misdiagnosis and redundant treatments for the elderly. For instance, certain liver cancer patients get medical consultation prior and thereafter visit HKU Shenzhen

Hospital to have a repeat diagnosis using the same report.[14] As reported by the Hong Kong government, following the implementation of the "e health" program in 2016, over 730,000 patients have opted to utilize it, facilitating healthcare providers in reviewing their health records (LegCo Research Office, 2018). A significant obstacle stems from the information silos existing between mainland China and Hong Kong; specifically, Yan (2024)[15] highlights that elderly individuals often have a constrained understanding of the healthcare landscape on the mainland. The factors contributing to this predicament likely stem from habits related to obtaining medical counsel, financial considerations, and certain prejudices, including attitudes and inappropriate medicine use. Moreover, the disparities in pharmaceutical cost coverage between mainland China and Hong Kong may impose restrictions on reimbursement applications (Wang et al, 2023),[16] resulting in an economic burden for urban senior individuals with insufficient pensions.

5 Suggestions

Firstly, with the medical and healthcare policies for elderly people, some links between the Mainland China and Hong Kong could be developed as soon as possible. As the passage published in Guangdong Government website, to improve the levels of professional qualification certification in the Mainland for the Hong Kong, Macao and overseas doctors, to cooperate with the Hong Kong government to promote some of the medical institutions of "Elderly Medical Voucher". [17] So, we would contribute to the elderly services, in particular, in the aspect of mutual recognition and reimbursement rate.

Secondly, it is essential for mainland China to establish pertinent academic disciplines in higher education and accord them appropriate societal recognition, in order to cultivate a greater number of specialists to advance aged healthcare. The Hong Kong government is able to take action upon creating conditions for medical developments exchange and for medical talent programs' introduction in tertiary institutions. The Zhigong Party in Guangdong Province insists that the local government should support the admission of medical specialties at HKUST in the Greater Bay Area under the influence of a positive educational experiment with the objective of carrying out cooperation between mainland China and Hong Kong in the medical field.[18]

Third, cooperation between Hong Kong and urban areas in mainland China should be gradually strengthened. The local authority in the Greater Bay Area may encourage offline measures to upgrade cross-border living welfare activities for aging. Promotions of lively posters can be made for instant distribution of information, and instructive clips can be played in communities. Popular local volunteers and professionals can provide policy consultation and services to enable the elderly to understand the use of medical care vouchers and test reports in Hong Kong hospitals.

6 Conclusions

The study examined the relationships between medical welfare programs and services for the elderly residing in metropolitan environments. Several fundamental conclusions can be drawn: The medical and healthcare services in mainland China demonstrate a state of imbalance. The medical welfare for the elderly in many towns in central and western China, such as Nanchang and Urumqi, lags behind that of the eastern coastal regions. Specifically, HQMR mostly focused on Beijing, Shanghai, and Tianjin, necessitating that the elderly in the west invest considerable time to get medical facilities. Furthermore, certain talents in this domain are diminished with time due to inadequate compensation and diminished social standing. The local government in Hong Kong consistently confronts the challenges of funding deficits and significant strain on hospitals and medical institutions. Facilitating collaboration in medical welfare among stakeholders can enhance the advancement and integration of healthcare, yielding benefits for the aged in urban areas.

The limitations of this study are these: the elder rural area population of mainland China is not considered, and the research objects are not ideal; it does not adopt a questionnaire and a relative survey to find out the needs of the older people in the urban community. In the future study, we will expand the number of samples and adopt the qualitative analysis and quantitative analysis to gather more scientific data to study the association between the urban older population and medical health care.

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