

Statistics on the Health and Medical Services of Municipalities 2017

In 2017 there were over 400 000 patients that received care from the Municipal health and medical services. Over 40 percent of these individuals received care every month of the year. The majority of the patients are 65 years or older.

Municipal health and medical care

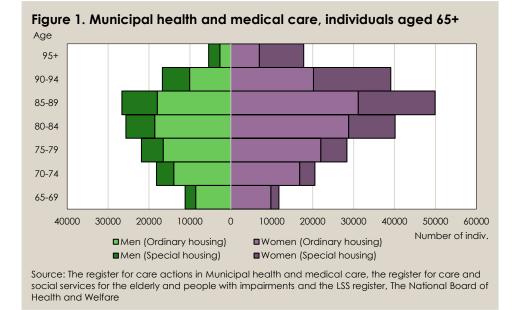
Municipal health and medical care is composed of care that the municipality provides for patients in special housing or in daytime activities (accordance with the Health and Medical Service Act - Hälso- och sjukvårdslagen (2017:30) in Swedish). If the municipality has an agreement with the county council, they also provide care in the patient's ordinary housing.

As of 2014 all municipalities except those in Stockholm County (except Norrtälje) is responsible for the health care in people's ordinary housing.

Elderly women the most common group

Almost 403 000 people received care from the Municipal health and medical services in 2017, in accordance with the Health and Medical Service Act.

Almost half of all the patients are women in the age of 65 years or older, of whom 35 percent live in special housing. Men in the age of 65 years of older account for almost a third of all the patients that received care during 2017, and 30 percent of these men live in special housing. In summation, there are more women than men in age 65 years or older that receive municipal health and medical care and the proportion that lives in special housing are larger for women, see figure 1.



The difference in the proportion of individuals receiving care between men and women aged 65 years or older is because there are more elderly women than elderly men in the country. In addition, the proportion of elderly women who receives services are larger than the proportion of elderly men who receive services. There are 97 men for every 100 women in the age 65-69 years old and this difference increases gradually to 31 men for every 100 women at age 95 or older. Figure 2 shows the proportion of patients receiving services based on age and sex in the population.

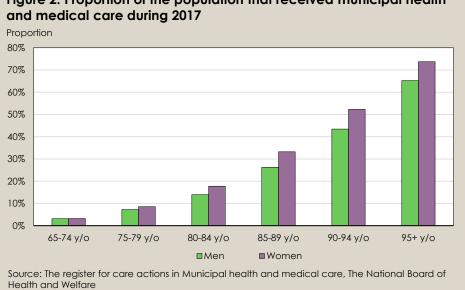
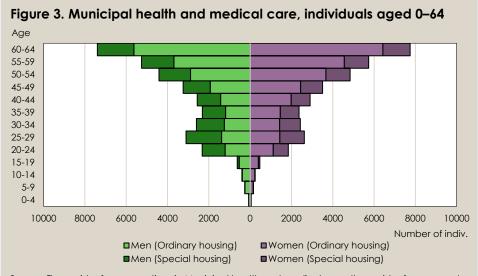




Figure 3 shows municipal health and medical care for patients younger than 65 years. As shown, there is an even distribution between the sexes: 34 900 women and 34 500 men received care at least once in 2017. Of those who received municipal care, a larger proportion of men compared to women live in special housing (37 percent compared to 27 percent). This means that a larger proportion of men than women, 0–64 years of age, received care in special housing.

The statistics show that there are few individuals under 20 years that receive municipal health and medical care. An explanation for this could be that care for children often is provided as self-care by, for example, the caregiver or staff at pre-school or school. In addition, local agreements between the county council and the municipalities regulate how the responsibility for care in ordinary housing is divided between the two parties. In some regions, the local agreements state that the county council, and not the municipality, is responsible for care of children and youth in ordinary housing.

A reason for fewer individuals in age of 35–39 who received care, compared to individuals aged 30–34 and 40–44 could be explained by cohort differences: there were less individuals born 1978–1982 than the years before and after this period.



Source: The register for care actions in Municipal health and medical care, the register for care and social services for the elderly and people with impairments and the LSS register, The National Board of Health and Welfare

In conclusion, the statistics shows that the amount and proportion of individuals that receives municipal health and medical care, in general, increases with age. The proportion of the population that receives care and also those who live in special housing are stable across time (from 2014 onwards).

Large local variations

Almost half of all individuals 80 years or older have, on average, received municipal health and medical care 2017. As for individuals aged 65–79 the proportion is 8.7 percent. Table 1 presents the municipalities with the highest and lowest proportion of its population receiving care distributed by age. There are large variations between municipalities: for individuals aged 65–79 the largest proportion is 21 percent and the lowest is 3.3 percent. For individuals aged 80 years or older there is an even larger variation between municipalities: largest proportion is 80.2 percent and the lowest is 29 percent.

Table 1. Proportion of the population that received municipal health and medical care during 2017. The five municipalities with the highest and lowest proportion distributed by age.

Municipality*	Proportion (%) 65– 79 years old	Municipality*	Proportion (%) 80 years or older
Osby	21.0	Högsby	80.2
Högsby	20.1	Osby	78.9
Heby	18.6	Eda	72.9
Eda	16.9	Sjöbo	72.7
Kalmar	16.8	Heby	72.1
Stenungsund	4.2	Kungälv	31.5
Öckerö	4.1	Sorsele	30.9
Tjörn	3.9	Stenungsund	29.5
Ovanåker	3.7	Bollnäs	29.1
Ockelbo	3.3	Ovanåker	29.0

*The municipalities in Stockholm County (except Norrtälje) are not included as they have not taken responsibility of the health care in people's homes.

Source: The register for care actions in Municipal health and medical care, The National Board of Health and Welfare

Time series and regional differences

The scope of the statistics has varied over time. In the beginning the National Board of Health and Welfare only received information about care provided to individuals in special housing and individuals with Daytime activities. Since a few years back however, the responsibilities of Health Care in people's homes have gradually shifted towards the municipalities instead of the Counties. This has in turn expanded the scope of the register these statistics are based on.

This makes it natural that the number of people receiving care by the municipalities has increased over time.

At the time of this publication, only the municipalities in Stockholm County (except the municipality Norrtälje) do not have that responsibility.

More information

You can find more tables, graphs and information in the following Excel file (in Swedish, but with English list of terms): www.socialstyrelsen.se/publikationer2019/2019-1-3

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