

Statistics on Municipal Health and Medical Care Services 2024

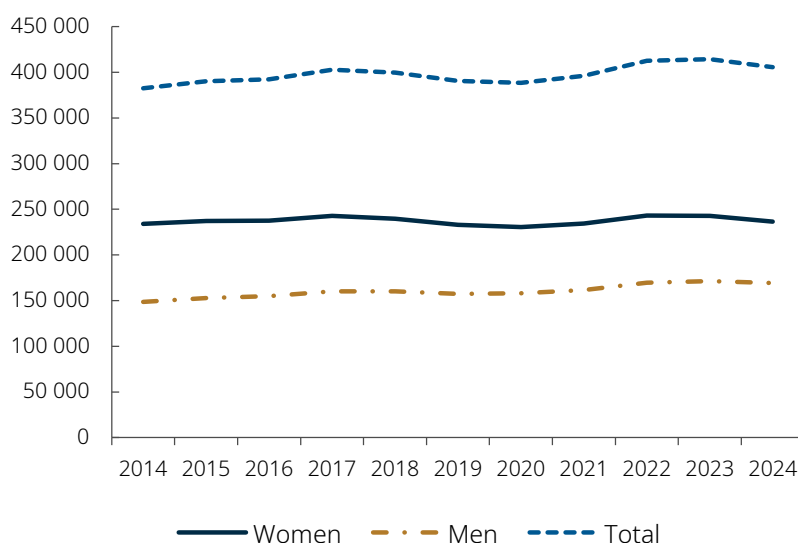
In 2024, nearly 406,000 individuals received services within municipal health and medical care. Of these, almost half were women aged 65 and older. Approximately 338,000 people received at least one medical intervention according to the Classification of Health Care Interventions (KVA).

Development of Municipal Health and Medical Care

The number of individuals receiving municipal health and medical care has increased slightly over the period from 2014 to 2024. In 2014, the total number of recipients was just over 382,000, while in 2024 the number had risen to nearly 406,000, which equals to an increase of just over 6 percent.

The distribution between women and men has remained relatively stable during the period. In 2014, nearly 234,000 women and 148,000 men received care, compared to around 236,000 women and 169,000 men in 2024. See Figure 1.

Figure 1. Number of persons that received municipal health and medical care during 2014–2024



Source: National Register of Interventions in Municipal Health Care, The National Board of Health and Welfare

Municipal Health and Medical Care

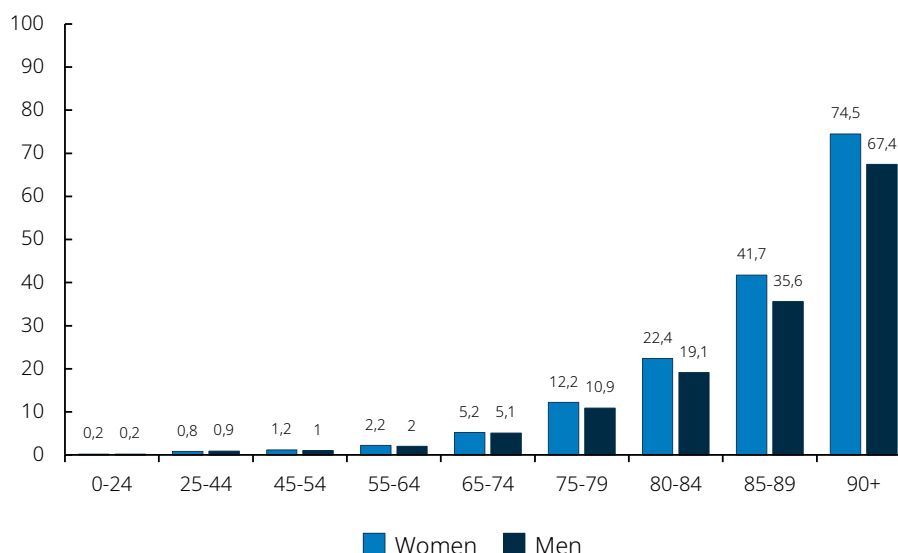
Municipal health and medical care refers to care and treatment provided by the municipality in special forms of housing, day activities, and home healthcare in ordinary housing. Responsibility for home healthcare in ordinary housing and in so-called needs-assessed sheltered housing requires an agreement between the municipality and the region to transfer such responsibility. At the time of this publication, only Stockholm County (excluding Norrtälje) had not municipalized home healthcare.

Variation by Age and Sex

In 2024, nearly 406,000 individuals received municipal health and medical care. The majority (83 percent) were aged 65 or older, and among them, 60 percent were women and 40 percent men. Among individuals under 65, the differences were small and the proportions were relatively evenly distributed.

The higher proportion of women among recipients can partly be explained by the fact that women live longer than men, with a life expectancy of 85.4 years compared to 82.3 years for men [1]. Women however, rate their health poorer and have more years with impaired functional ability compared to men. Men rate their health as better and have fewer years with impaired functional ability [2]. See Figure 2.

Figure 2. Percent of the population with at least one month of municipal health and medical care during 2024 by age and sex



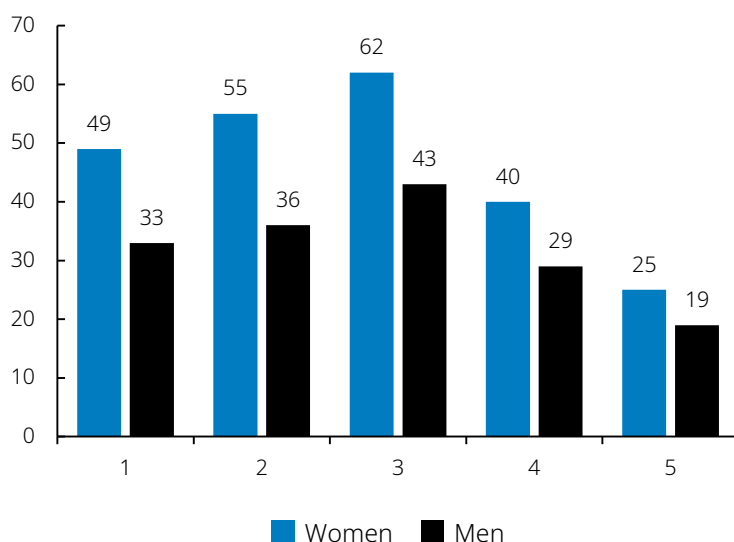
Source: National Register of Interventions in Municipal Health Care, The National Board of Health and Welfare

Socioeconomic Status Matters for Health

Figure 3 shows the number of individuals per 1,000 inhabitants who received municipal health and medical care in 2024, by area type according to RegSO, where 1 indicates areas with the most disadvantaged socioeconomic conditions and 5 the areas with the best socioeconomic conditions.

The results show that the number of recipients was higher in areas with poorer and mixed socioeconomic conditions compared to those with better conditions. The highest number of recipients was in area type 3, with 62 women and 43 men per 1,000 inhabitants. In contrast, area type 5 had the lowest number of recipients of municipal health and medical care, with 25 women and 19 men.

Figure 3. Number of individuals who at some point received municipal health care per 1000 inhabitants, by sex and type of socioeconomic area, 2024



Source: National Register of Interventions in Municipal Health Care, The National Board of Health and Welfare. Statistics Sweden

Regional Statistical Areas and Area Types

This factsheet presents statistics based on area type, a socioeconomic grouping based on regional statistical areas (RegSO). RegSO divides Sweden into 3,363 areas that follow county and municipal boundaries and include all living and registered individuals in Sweden.

Area type is based on the Socioeconomic Index (SEI), which is calculated for each RegSO. The SEI consists of the average of three indicators: the proportion (aged 20–64) with less than upper secondary education, the proportion with low economic standard (all ages), and the proportion receiving economic assistance and/or long-term unemployed (aged 20–64). A higher SEI value indicates greater socioeconomic vulnerability.

Based on the number of standard deviations from the mean, a grouped variable called area type is created, ranging from major socioeconomic challenges (type 1) to very favorable socioeconomic conditions (type 5).

Medical Interventions within Municipal Health and Medical Care

Since 2019, municipalities have reported information on medical interventions performed by licensed healthcare professionals where the municipality is the healthcare provider. These interventions are classified according to the Classification of Health Care Interventions (KVÅ). In 2024, municipalities reported interventions for nearly 338,000 patients, corresponding to about 83 percent of all individuals receiving municipal health and medical care. This represents an increase of about two percent compared to the previous year.

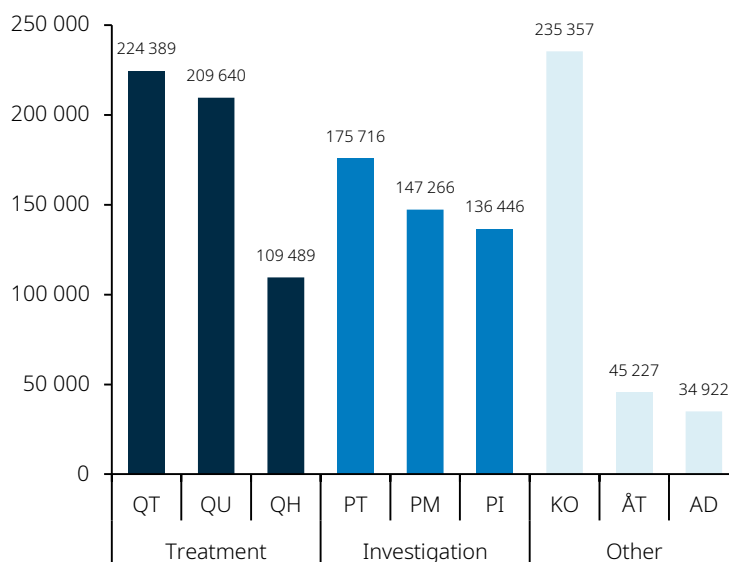
The fact that the Register of Municipal Health and Medical Care Interventions lacks data for 17 percent of patients is mainly explained by two factors. One is that a significant portion of patients receive care from private providers not required to report to the register. The other is data gaps, where information from entire or parts of the year is missing from several municipalities.

Selection of KVÅ Interventions

The National Board of Health and Welfare has developed a selection of KVÅ codes for use in municipal healthcare to facilitate the use of relevant codes. The selection was developed in collaboration with representatives from the licensed professional groups of nurses, occupational therapists, and

physiotherapists, and is updated annually. For 2024, the selection includes 426 codes: 241 treatment, 147 assessment, and 38 other interventions. The three most common type of interventions in each category are shown in the figure below.

Figure 4. Number of patients who received at least one measure by treatment, assessment, and other categories, 2024



Source: National Register of Interventions in Municipal Health Care, The National Board of Health and Welfare

Category	Abbreviation	Description
Treatment	QT	Adaptation and modification of environmental factors
Treatment	QU	Treatment interventions related to medication
Treatment	QH	Treatment related to skin functions and related structures
Assessment	PT	Assessment of environmental factors
Assessment	PM	Assessment of mobility capability
Assessment	PI	General assessments related to body functions
Other	KO	Contact-related interventions
Other	ÅT	Plan-related interventions
Other	AD	Administrative handling

Source: National Register of Interventions in Municipal Health Care, The National Board of Health and Welfare

A complete list of all intervention categories can be found in Table 6 in the appendix.

References

1. <https://www.scb.se/hitta-statistik/sverige-i-siffror/manniskorna-i-sverige/medellivslangd-i-sverige/>
2. <https://jamstalldhetsmyndigheten.se/jamstallldhet-i-sverige/delmal-5-jamstalld-halsa/>

More information

You can find more tables, graphs and information here (select Tillhörande dokument och bilagor): www.socialstyrelsen.se/statistik-och-data/statistik/alla-statistikamnen/insatser-i-kommunal-halso-och-sjukvard/ (in Swedish, but with English list of terms).

If you want to use our statistical database:

https://sdb.socialstyrelsen.se/if_hsl/

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