

Municipal Health and Care Statistics 1994-2005

This series consists mainly of primary statistics, statistics from statistical accounting systems and results of special censuses and surveys. The series is intended to serve reference and documentation purposes. The presentation is basically in the form of tables, figures and necessary information about data, collection and processing methods, in addition to concepts and definitions. A short overview of the main results is also included

The series also includes the publications Statistical Yearbook of Norway and Svalbard Statistics

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Preface

This publication contains statistics for 1994-2005 relating to the staff and activities in the municipal health and care statistics. The statistics are compiled on the basis of data submitted by the individual municipalities and institutions for the aged and disabled. All data are reported at the end of the year.

The figures relate to the years 1994–2005.

This publication describes the staff situation of the municipal health and care services, users, residents and beds in the institutions for the aged and disabled. The figures are presented at a national level. More detailed figures are published on the Internet (<http://www.ssb.no/emner/03/02/helsetjko/> and <http://statbank.ssb.no/statistikbanken/>). Results from the statistics are in addition published in the medical reports of county medical officers and in the Directorate for Health and Social Affairs management and information system for health and social services in the municipalities ("Hjulet").

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Oslo/Kongsvinger, 8. januar 2007

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1. Main results and use of tables

1.1 Main results

In 2005, there were less than 2 500 beds in old people's homes, only a third of the number in 1998. Unlike before, more beds in nursing homes do not compensate for the reduction. In 2005, there were just above 38 000 nursing home beds. There were about 300 beds in specialised nursing homes, adapted to groups with special needs. In this category, the percentage of younger residents is higher than in other categories. 48 persons or 17 per cent of residents on long-term stay are below 50 years of age. In ordinary nursing homes, this percentage is 0.3 that is 129 residents. In old people's homes, only 1 resident belonged to this group.

Apart from more nursing homes, the action plan for the care for the elderly resulted in a focus on dwellings instead of old people's homes. Simultaneously, there has been a growth in the number of recipients of home based services, particularly among the younger age groups. Out of 165 000 recipients, 50 000 are below 67 years of age. The growth in the number of home service recipients is due to more home nursing recipients. They now contribute to 71 per cent of all home service recipients, whilst home nursing and home help were equally distributed in 1998.

There has been a slight increase in the number of man-years in nursing and care services, to 111 000. The increase in man-years exceeds the increase in number of recipients, so that at the time being there is slightly above half a man-year per recipient. However, some of the increase is due to an increase in sick leave, resulting in the use of temporary workers. In 2005, sick leave reported by physicians constituted 9 per cent of total number of man-years.

In 2005, there was a 6 per cent increase to 275 man-years by physicians in institutions for the aged and disabled. Parallel to this, there has been a similar decrease in the number of man-years by physiotherapists in institutions.

Generally, there is a small increase in physician man-years independent of service area. In 1995 there were 4 200 man-years in total, an increase of 2 per cent since 2004. This growth is largest among physicians with agreement, but mandatory practitioners have the largest relative increase –close to 8 per cent. There is a weak decrease in man-years by physiotherapists, down to 4 150. In particular, the number of many-years by municipal physiotherapists with regular pay shows a decrease. In addition to the reduction in institution activity, there is also a decrease in physiotherapist man-years in the health centre and school health services. Both the number of man-years by public health nurses and midwives show a small increase.

1.2 Use of tables

All tables show statistics from 1994 - 2005

Table 1 shows the development in use of resources within the municipal health service. For the years 1994-1999 personnel in institutions for the elderly and disabled are excluded. The following occupational groups are presented: Physicians, physiotherapists, midwives and public health nurses. Table 2 relates to the nursing and care services and presents figures of total man-years. Table 3 shows the accessibility of the home services and the number of users. Number of beds in institutions for the aged and disabled are presented in table 4, and table 5 presents residents in dwellings for the aged and disabled by age.

2. Background and purpose

These statistics intend to meet the increasing need for information in local and central authorities for planning purposes, supervision and evaluation of the municipalities' health and care services (overview of the total input of resources in

the general practitioner services, physiotherapist services, midwife services, school health services, and maternal and child health centre services). In addition, the municipalities themselves need comparable figures on county and national level to evaluate their own services.

2.1. Purpose and history

The Municipal Health Services Act came into force in 1984. The purpose of the act was to strengthen the primary health services. From 1 January 1998 the act was expanded to include prison health services and county nursing homes. Pursuant to the act, the municipalities were given responsibility for board of health activities and user groups such as mentally retarded and psychiatric patients. Municipal health service statistics provide the health authorities' with data for planning and supervisory purposes. They shall provide knowledge about the staff situation and about delivery of health care in the local health service.

The statistics on the different parts of the municipal health and care service are based on annual data from the municipalities. For the first year, 1984, the data were limited to information about staff resources. From 1985, the statistics were expanded to include the maternal and child health centres and school health service. Staff without background as health professionals were included in the statistics for the school health service and maternal and child health centres in 1988 (maternal and child health centres) and 1994 (the school health service).

The official statistics regarding the public care and nursing services were established as a routine for the first time in 1989. The background for this was the transfer of the responsibility for nursing homes from the counties to the municipalities. This transferred the total responsibility for all these services to the municipalities, and the administrative distinction between social (municipality services) and health services (county services) was abolished.

Since 1995, data on vaccinations in the school health service and maternal and child health centres were removed entirely from the questionnaires regarding the municipal health services. This information is now collected by the Norwegian Board of Health through an individual-based system (SYSVAK).

The statistical basis has undergone major changes since the statistical routine was established. This makes it difficult to follow the developments over time.

2.2. Users and applications

The Ministry of Health and Care Services, the Ministry of Local Government and Regional Development, municipalities, research institutes and the media.

3. Statistics production

3.1. Population

The official statistics of the municipal health care services and public care and nursing services are based on annual reports from all municipalities and institutions for the aged and disabled in Norway.

3.2. Data sources

The statistics of the municipal health and care services is based on the annual collection of four questionnaires from all municipalities in Norway. From 2002, all municipalities report to the KOSTRA system (Municipality - State - Reporting).

3.3. Sampling

3.4. Collection of data

Four questionnaires are used for the purpose of collecting data. One handles municipal health care, including all functions of physicians, physiotherapists, midwives and public health nurses. A second questionnaire concerns the home-based services, and the third is for registration of various information regarding the nursing and care services. The fourth questionnaire is addressed to every institution for the aged and disabled and concerns information about capacity and patients. Privately run institutions are also included. These are, however, few in numbers and are often supported by the municipalities.

3.5. Reporting and record-keeping burden

Each municipality is estimated to use about 8 hours to complete the annual reports.

3.6. Quality control and revision

The new data are compared with data from the preceding year and various relative figures. In the case of conspicuous deviation from preceding years, the data basis is further checked and the figures are corrected as far as possible. Besides these controls, there are ordinary logical and validity controls intending to secure the logical relation between the items in the complemented questionnaires. Upon the release of final figures, municipalities failing to give data will be included with figures from the preceding year.

4. Concepts, variables and classifications

4.1. Definition of the main concepts

Man-year These data are intended to embrace all kinds of activities within the services, and are not only restricted to patient treatment or nursing and care functions. The data also include administration and management personnel and as far as the institutions are concerned, kitchen and cleaning functions etc. The personnel are registered on the basis of their formal education at 31 December. The figures are reported in man-years or hours per week (health services). The number of hours per week is recalculated into man-years (full-time positions) by dividing the number of contract working hours per week. This means that the total number of part-time employees is converted into number of full time employees. Thus the total number of man-years is based on the assumption of stability among the personnel during the year. Employees without the specified education are recorded in collective groups.

Organisation Organisation means the form of contractual relationship the individual physicians and physiotherapists have with the municipality. Municipalities offer practitioners four possible forms of contractual relationship. The two most common forms are fixed salary and contract.

Physicians and physiotherapists with fixed salaries Physicians and physiotherapists with fixed salaries are municipal employees, in municipal medical officer or physiotherapist positions advertised by the municipality. These positions may be full-time or part-time. The municipalities cover all expenses for the positions, but the National Insurance Scheme provides fixed grants to the municipalities per position. The duties of these fixed-salary physicians and physiotherapists are set by municipal instructions.

Physicians and physiotherapists with municipal contracts Physicians and physiotherapists who have an agreement with the municipality or borough. The provisions of this agreement are based on an agreement between the Norwegian Association of Local Authorities, the Ministry of Health and Care Services and the physicians' and physiotherapists' organisations. The agreement implies that all physicians are obliged to participate in the medical duty service and

municipal responsibilities such as care of the elderly and preventive medicine. To what extent the individual doctor perform these duties and opening hours are defined in the agreements between the individual practitioner and the municipality/borough. The basis of the income of physicians and physiotherapists with municipal agreements is national insurance reimbursements, patient co-payments and a fixed amount (operating grant) from the municipality as compensation for the agreement. Physicians and physiotherapists with a combination of fixed salary part-time position and part-time contract practice are regarded as practitioners with a municipal contract.

Physicians and physiotherapists without municipal contracts

There are also practitioners with private practices who do not have a contract with the municipality. For the individual patient, it is of no financial significance if you go to a mandatory practitioner, doctor with fixed salary or doctor with a municipal contract. Physicians without a municipal contract may, with certain limitations, take as high a co-payment as the patient is willing to pay.

Following changes in sections 5-4, 5-7 and 5-8 of the National Insurance Act of 1 July 1998, national insurance reimbursements are no longer to be paid to private practising health professionals who do not have an operating agreement with the municipality or county. Exceptions have been made for general practitioners pending the introduction of the regular GP scheme.

Mandatory practitioners

Mandatory practitioners also make up an important part of the medical and physiotherapy services in many municipalities. Mandatory practitioners are medical graduates who are serving their obligatory service in general practice in order to earn the right to be licensed.

Overtime

From the statistical year 1994, data on man-years worked by physicians also include hours worked under extended working time agreements pursuant to a special agreement between the Norwegian Association of Local Authorities and the Norwegian Medical Association. This agreement permits, for up to one year at a time, the signing of an agreement on extended working hours beyond 37.5 hours per week. Overtime work beyond this is not included.

Users of home based services

The figures cover all users of home care and home nursing or both services that were registered as active users at the end of the year. In general every person receiving services is regarded as one user, with one exception; households consisting of two or more persons receiving help are regarded as one user.

Home nursing is regulated by the Act relating to the municipal health services in the municipalities that prescribe professional nurse services. Home help is regulated by the Act relating to social services (of 13 December 1991) and is part of the term "practical assistance" that covers all kinds of help to the tasks of daily-life household given persons in need of such help because of old age or various handicaps.

Institutions for the aged and disabled

These are defined as a group of buildings with common areas shared by the residents. The household is large-scale and care personnel are present 24 hours a day. This definition embraces all kinds of institutions covered by the acts mentioned above and states the following: nursing homes, old people's homes, combined nursing and old people's homes and in addition various municipal dwellings with full-time services.

5. Sources of error and uncertainty

5.1. Sampling errors

Non-response

In the case of non-response from either municipalities or institutions the questionnaires are completed with information from the previous year.

5.2. Non-sampling errors

Another source of error is connected with the fact that the delivery of health care is extremely diverse, so the form does not always fit all municipalities. A lack of correspondence between the registrations, and the actual situation the form was meant to survey may consequently occur.

6. Comparability and correlation

6.1. Comparability over time and place

The statistical basis has undergone major changes since the statistical routines were established, but Statistics Norway has time-series for the most important health care variables back to 1987, and for nursing and care back to 1991.

6.2. Correlation with other statistics

The statistics of the municipal health and care services are highly correlated with the specialised health services.

7. Availability

7.1. Internet address

The web address is http://www.ssb.no/helsetjko_en/.

The statistics are published twice a year, preliminary figures are published in June and yearly figures in March the succeeding year.

7.2. Language

Norwegian (Nynorsk), English

7.3. Publications

Official statistics of Norway, Nursing and Care statistics and Municipal Health Services, was published yearly/every second year. From 2003, these publications are replaced by a common Municipal Health and Care Services. Some figures are also published yearly in "Health Statistics in the Nordic Countries by NOMESCO" and in "Social protection in the Nordic Countries" by NOSOSCO.

1. Man-years by occupational groups in the municipal health service. Man-years per 10 000 inhabitants. 1994-2005

	1994	1995	1996	1997	1998	1999	2000 ¹	2001	2002	2003	2004	2005
Physicians	3 264	3 299	3 305	3 351	3 466	3 527	3 809	4 109	4 151	4 131	4 150	4 219
Physiotherapists	2 921	3 033	3 135	3 256	3 361	3 420	3 968	4 112	4 130	4 152	4 162	4 148
Midwives	160	201	222	241	258	269	283	277	282	286	282	284
Public Health Nurses	1 453	1 504	1 538	1 578	1 611	1 650	1 725	1 807	1 877	1 865	1 924	1 953
Physicians per 10 000 inhabitants	7.5	7.5	7.5	7.6	7.8	7.9	8.5	9.1	9.1	9.0	9.0	9.1
Physiotherapists per 10 000 inhabitants	6.7	6.9	7.1	7.4	7.6	7.6	8.8	9.1	9.1	9.1	9.0	8.9
Midwives per 10 000 born	26.6	33.4	36.8	40.3	44.2	45.3	47.8	48.8	50.8	50.6	49.4	49.8
Public Health Nurses per 10 000 children 0- 4 years	47.8	49.6	50.8	52.1	53.3	54.6	57.3	61.0	64.1	64.1	66.5	68.0

¹ Almost 90 man-years by physiotherapists from Helsevernetaten in Oslo are included in the statistics for the first time in 2000.

2. Man-years within the nursing and care services. 1994-2005

	Man-year ¹ , total	Man-year ¹ per 1000 persons 67 years and over	Man-year ¹ per 1000 persons 80 years and over	Man-year per user ²
1994	68 331	110	394	0
1995	69 795	112	395	0
1996	73 733	119	409	0
1997	79 435	128	431	0
1998	82 794	134	439	0
1999	86 370	140	455	0
2000	89 669	146	455	0
2001	91 824	151	456	0
2002 ³	93 690	155	457	0
2003	105 883	175	506	1
2004	107 910	179	506	1
2005	110 966	183	514	1

¹ The man-years of doctors and physiotherapists are no longer included in these statistics. ² Users are the sum of users of home based services and the total number of beds in institutions for the aged and disabled. ³ Break in time-series. Until 2002 the number of man-years was collected by use of questionnaires. From 2003 the figures are collected from administrative registers. The 2003 and 2004 figures are therefore not directly comparable with figures from preceding years].

3. Users of home based services, by kind of service. 1994-2005

	Users, total	Users of both home help and home nursing	Users of home nursing only	Users of home help only	Unspecified users	Per 1000 persons 67 years and over
1994	142 354	47 156	21 964	73 147	87	229
1995 ¹	145 249	45 228	19 982	68 784	535	234
1996	144 765	48 164	22 479	73 411	711	233
1997	149 026	51 143	23 858	72 653	1 372	240
1998	152 796	54 643	27 068	68 649	2 436	247
1999	157 396	57 521	33 211	64 944	1 720	255
2000	159 669	59 229	37 647	62 793	0	260
2001	161 169	59 095	40 327	61 747	0	264
2002	162 112	58 789	44 399	58 924	0	268
2003	161 094	59 896	46 529	54 669	0	267
2004	163 415	60 460	51 348	51 607	0	271
2005	164 623	62 119	54 491	48 013	0	272

¹ 10 720 persons receiving "other services" and 535 users of home nursery and/or home help were not specified, and are as from 2003 included in the total.

4. Beds¹ in institutions for the aged and disabled, by type of ward. 1994-2005

	Total	Beds in nursing homes	Beds in old people's homes	Other beds	Per 1000 persons 67 years and over
1994	44 941	32 329	10 741	1 871	72.28
1995	43 882	32 760	9 728	1 394	70.60
1996	43 735	33 718	8 934	1 083	70.38
1997	43 377	34 291	8 302	784	69.86
1998	43 196	34 784	7 636	776	69.70
1999	43 240	35 704	6 812	724	70.02
2000	42 876	36 142	6 085	649	69.86
2001	42 741	36 958	5 240	543	70.11
2002	42 319	37 587	4 320	412	69.93
2003	41 718	37 778	3 660	280	69.15
2004	41 402	38 222	2 882	298	68.55
2005	41 027	38 269	2 470	288	67.68

¹ Operational institutions.**5. Residents in dwellings¹ for the aged and the disabled, by age.1994-2005**

	Total	Age					Unspeci- fied	Per 1000 persons 67 years and over	
		years	67-74 år	75-79 år	80-84 år	85-89 år			and over
1994	30 260	9 013	4 118	4 319	5 859	4 183	2 070	698	49
1995	32 338	9 169	3 993	4 654	5 590	4 457	2 121	2 354	52
1996	35 254	9 592	4 630	5 423	6 340	5 257	2 523	1 489	57
1997	38 140	10 783	5 096	6 037	7 031	5 987	2 912	294	61
1998	40 617	11 573	5 140	6 135	7 297	6 414	3 260	798	66
1999	43 983	12 545	5 557	6 736	7 817	6 878	3 564	886	71
2000	45 515	13 452	5 653	6 819	8 524	7 156	3 911	0	74
2001	46 023	14 079	5 426	6 558	8 520	7 263	4 177	0	75
2002	46 414	14 378	5 305	6 196	8 431	7 579	4 525	0	77
2003	48 087	15 401	5 140	5 986	8 794	7 820	4 946	0	80
2004	47 569	15 594	4 707	5 969	8 639	7 769	4 891	0	79
2005	48 821	16 651	4 569	5 450	8 635	8 152	5 364	0	81

¹ In dwellings, the residents pay house rent, whilst they pay considerations in institutions for nursing or care. For further details, see paragraph 4.

Tidlegare utgitt på emneområdet

Previously issued on the subject

Noregs offisielle statistikk (NOS)

Official Statistics of Norway

Institusjonar for elder. Institutions for the aged

For ei oversikt over perioden 1854 - 1988, sjå Helsestatistikk 1988

For a general view of the period 1854 - 1998, see Health Statistics 1988

Husmorvikarvirksomhet og hjemmesykepleie

Houswife Substitute and Home Nursing

A 108 1962

A 136 1963

A 152 1964

Sosial hjemmehjelp

Social Home-Help Services

A 180 1965

A 213 1966

A 255 1967

A 319 1968

A 379 1969

A 454 1970

A 524 1971

A 600 1972

A 678 1973

A 746 1974

A 826 1975

A 908 1976

A 979 1977

Sosialstatistikk

Social Statistics

B 99 1977

B 130 1978

B 192 1979

B 264 1980

B 375 1981

B 447 1982

B 522 1983

B 615 1984

B 685 1985

B 848 1987

B 900 1988

B 956 1989

Pleie- og omsorgsstatistikk

Nursing and Care Statistics

C 344 1994

C 415 1995

C 457 1996

C 520 1997

C 559 1998

C 635 1999

C 696 1994-2000

Kommunehelsetjenesten

Municipal Health Service

C 66 1991

C 106 1992

C 419 1987-1995

C 462 1997-1996

C 588 1988-1998

C 697 1990-2000

Statistiske analyser (SA)*Statistical Analysis*

- Nr. 95/5 Helseboka 1995
 Nr. 1/1993 Sosialt utsyn 1993
 Nr. 22/1998 Sosialt utsyn 1998
 Nr. 32/1999 Eldre i Norge
 Nr. 35/2000 Sosialt utsyn 2000
 Nr. 41/2000 Helse i Norge
 Nr. 56/2002 Sosialt utsyn: Helse- og omsorgstjenester
 Nr. 72/2005 Ugreninov, E.: Seniorer i Norge

Samfunnspeilet

- Nr. 2/90 Barstad, Anders, K. Huserbråten og B. Hyllseth: Hva skjer i eldreomsorgen?
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 Nr. 1/94 Søbye, Espen: HVPU-reformen: Intensjoner og forløp.
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 Nr. 4/95 Finnvold, J. E.: Når barna er syke. Småbarnsfamiliers erfaringer med helsetjenesten
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 Nr. 1/04 Østby, L.: Den norske eldrebølgen: Ikke blant Europas største, men dyrt kan det bli.
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- 94/24 Vigran, Åsne: Egenbetaling for hjemmetjenester i kommunene 1993 og 1994
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