PD ISO IWA 18:2016

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# Framework for integrated community-based life-long health and care services in aged societies

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## National foreword

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# INTERNATIONAL WORKSHOP AGREEMENT

# IWA 18

First edition
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# Framework for integrated community-based life-long health and care services in aged societies

*Cadre de travail pour les services de santé et de soins communautaires à vie intégrés dans les sociétés âgées*

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# Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

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International Workshop Agreement IWA 18 was approved at a workshop hosted by the British Dental Association (BDA), in association with the British Standards Institution (BSI), held in London, United Kingdom, in July 2015.


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# Introduction

This International Workshop Agreement defines principles, social issues and approaches related to aged societies in order to address the shortcomings in social infrastructure. The contents of this International Workshop Agreement, which are supported by the holistic framework of services (see Clause 4), need to be highlighted on a global platform in order to share knowledge. Countermeasures to cope with insufficiencies in social infrastructures to adapt to a global ageing society need to be addressed today.

According to projections based on the UN DESA report on *World Population Prospects*[3] by the year 2050, many countries are projected to become super-aged societies, with people aged 65 years or older exceeding more than one in five of the population.

NOTE The terms "ageing society" (where more than 7 % are 65 years or older) and "aged society" (where more than 14 % are 65 years or older) are derived from past UN population reports. The term "super-aged society" (where more than 21 % are 65 years or older) is an extension of these terms. It is used in the academia and government of Japan and is gradually spreading into use in international news arenas.

In addition, developing countries and regions with rapid economic growth will be subject to changes to their ageing population over the next few decades. A well-supported infrastructure of an aged society includes a comprehensive, holistic view covering diverse generations and their lifestyle, economic status, cultural backgrounds and much more. As life expectancy increases, governments, health care providers, service providers and the community need to adapt to enable members of the younger generation to maintain their health and active participation in society, and to support the desire for people to continue to live independently as they age. This International Workshop Agreement covers key concepts that support certain on-going social changes. It aims to promote further deliberations from service providers and standards bodies, among others, of these aspects that will not only address existing issues, but also help to prevent potential future problems.

This International Workshop Agreement recognizes the wide range of global efforts to define social infrastructure for aged societies and to offer consistent, personalized lifelong care. A common factor in academic research and national/international guidelines is the promotion of the individual as an equal partner in controlling his/her health care. This relates to all aspects of a person's life, including planning, decision making and day-to-day living, leading to a user-centred approach. The following five key principles have been identified as the core elements for future investment:

a) human dignity;

b) productive ageing;

c) community-based services;

d) systemization with people at the centre;

e) pursuit of innovation for sustainability.

Guidance on these key principles is given in 3.1.

Consideration needs to be taken in delivering person-centred services. Care needs to be provided ethically and respectfully, with the flexibility to meet the needs of diverse generations. Both the individual and the wider society benefit because the individual experiences greater satisfaction with his/her care and the social infrastructure that supports health care delivery is made more cost-effective. The focus of this International Workshop Agreement is not to provide clinical guidance, but to encourage health care service providers to drive for a shift in thinking. Harmonizing the concepts and methodology internationally will streamline the market environment of providers and users of health and care services, and build the basis for fair competition and development of related industries.

Establishing a common goal for standardization activities will help to provide life-long support for aged societies in the most efficient and productive way, by addressing common challenges. There will be closer examination on where standards can be used to bring about change. There is an increase in

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global awareness of the need for a sound social infrastructure to support ageing populations. There are already some established platforms for knowledge sharing, but more needs to be done to align the language used and to outline proven good practices that may influence new behaviour and practices.

This International Workshop Agreement aims to encourage:

— sharing of knowledge and best practices at global level, relating to a gradual increase over time of aged societies;

— minimizing repetition and duplication of efforts, through the development of common approaches to the challenges associated with societies that are not able to adapt to an increase in the older population;

— improved realization and understanding of aged societies for policy makers, providers and the general public;

— creation of innovative solutions, across multiple service sectors, that will allow people to remain within their communities and outside of institutionalized care, where possible and for as long as possible;

— economic benefits for governments and the general public, through the provision of better products, services and systems.

Supporting material to accompany this International Workshop Agreement is available at the following website: shop.bsigroup.com/iwa18.


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**International Workshop Agreement** **IWA 18:2016(E)**

# Framework for integrated community-based life-long health and care services in aged societies

## 1 Scope

This International Workshop Agreement provides a framework for addressing challenges faced by societies that have been unable to adapt to an ageing population. It can also be used by stakeholders as a useful reference at regional or global level.

This International Workshop Agreement addresses health, care and social challenges (including health care needs, daily living tasks, well-being, combating isolation and keeping safe) to ensure that the needs of individuals continue to be met as they grow older. It also outlines principles related to ethics, community-based solutions, integration, person-centred solutions and innovation.

## 2 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

**2.1**
**community**
group of people, often living in a defined geographical area, who exhibit some awareness of their identity as a group, and who share common needs and a commitment to meeting them

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

**2.2**
**community-based services**
**community-based care**
blend of health and social services provided to an individual or family in his/her place of residence for the purpose of promoting, maintaining or restoring health, minimizing the effects of illness and disability on his/her normal lifestyle

Note 1 to entry: The term "community-based programmes" is also used.

[SOURCE: ISO/TR 14639-2:2014, 2.12, modified]

**2.3**
**dignity**
right of individuals to be treated with respect as persons in their own right

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4]]

**2.4**
**functional ability**
health-related attributes that enable people to be and to do what they have reason to value

Note 1 to entry: It is made up of the intrinsic capacity of the individual, relevant environmental characteristics and the interactions between the individual and these characteristics.

[SOURCE: WHO World Report on Ageing and Health[5]]

**2.5**
**environments**
combination of factors at all levels of services in the extrinsic world that form the context of an individual's life, including the built environment, people and their relationships, attitudes and values, health and social policies, the systems that support them and the services that they implement

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[SOURCE: WHO World Report on Ageing and Health[5], modified]

**2.6**
**health**
state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

Note 1 to entry: Health has many dimensions (anatomical, physiological and mental) and is largely culturally defined.

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4]]

**2.7**
**health promotion**
combination of health education and related organizational, political and economic interventions designed to facilitate behavioural and environmental adaptations that will improve or protect health

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4]]

**2.8**
**health system**
people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities, the primary intent of which is to improve health

Note 1 to entry: Health systems fulfil three main functions: health care delivery, fair treatment of all and meeting non-health expectations of the population. These functions are performed in the pursuit of three goals: health, responsiveness and fair financing.

Note 2 to entry: A health system is usually organized at various levels, starting at the community level or the primary level of health care and proceeding through the intermediate (district, regional or provincial) to the government level.

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

**2.9**
**healthy ageing**
process of developing and maintaining the functional ability that enables well-being in older age

[SOURCE: WHO World Report on Ageing and Health[5]]

**2.10**
**independence**
ability to perform an activity with no or little help from others, including having control over any assistance required rather than the physical capacity to do everything oneself

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4]]

**2.11**
**independent living**
living at home without the need for continuous help and with a degree of self-determination or control over one's activities

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4]]


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**2.12**
**integrated care**
**integrated care services**
methods and strategies for linking and coordinating the various aspects of care delivered by different care systems, such as the work of general practitioners, primary and specialty care, preventive and curative services, and acute and long-term care, as well as physical and mental health services and social care, to meet the multiple needs of an individual client or category of persons with similar needs

Note 1 to entry: In this International Workshop Agreement, the scope of integrated care services includes independence support care services as well as the interface with (but not the inclusion of) medical care. It also includes independence support care services in the community after medical (curative) care has been delivered by professionals.

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4]]

**2.13**
**integrated health services**
continuum of services that are managed and delivered at different levels and sites within the health system

Note 1 to entry: Care is provided according to the needs of the individual throughout the course of his/her life

Note 2 to entry: In this International Workshop Agreement, the scope of integrated health services includes health promotion services as well as the interface with medical services, but does not include medical (preventive and curative) services provided by professionals.

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

**2.14**
**integration**
coherent set of methods and models, on the funding, administrative, organizational, service delivery and clinical levels, designed to create connectivity, alignment and collaboration within the health sector

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4]]

**2.15**
**intrinsic capacity**
composite of all the physical and mental capacities of an individual

[SOURCE: WHO World Report on Ageing and Health[5], modified]

**2.16**
**lifestyle**
set of habits and customs, influenced, modified, encouraged or constrained by the lifelong process of socialization, that carry health implications

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

**2.17**
**long-term care**
range of health care, personal care and social services provided to individuals who, due to frailty or level of physical or intellectual disability, are no longer able to live independently

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

**2.18**
**personal care**
assistance with functions and activities normally associated with body hygiene, nutrition, elimination, rest and walking, which enables an individual to live at home or in the community

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

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**2.19**
**prevention**
action aimed at promoting, preserving and restoring health when it is impaired and to minimize suffering and distress

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

**2.20**
**programme**
organized collection of activities directed towards the attainment of defined objectives and targets which are progressively more specific than the goals to which they contribute

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

**2.21**
**provider**
organization that provides a product or a service

EXAMPLE Producer, distributor, retailer or vendor of a product or a service.

Note 1 to entry: A provider can be internal or external to the organization.

Note 2 to entry: In a contractual situation, a provider is sometimes called "contractor".

[SOURCE: ISO 9000:2015, 3.2.5]

**2.22**
**quality of life**
product of the balance between social, health, economic and environmental conditions which affect human and social development

Note 1 to entry: It is a broad-ranging concept, incorporating a person's physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features in the environment.

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

**2.23**
**system**
network of interdependent components that work together to attain the goals of the complex whole

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4]]

**2.24**
**systemization**
school of thought evolving from earlier systems analysis theory and advocating that virtually all outcomes are the result of systems rather than individuals

Note 1 to entry: It is characterized by attempts to improve the quality and/or efficiency of a process through improvements to the system.

Note 2 to entry: The term "systems approach" is also used.

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

**2.25**
**well-being**
dynamic state of physical, mental and social wellness

Note 1 to entry: It is a way of life which equips the individual to realize the full potential of his/her capabilities and to overcome and compensate for weaknesses, and which recognizes the importance of nutrition, physical fitness, stress reduction and self-responsibility


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