

1 **Suggested IWA Contents (draft) – January 2015**

2 **Community-based Integrated Health and Care Services for Aged Societies**

3

4 **Contents Page**

5 **Foreword**

6 **Introduction**

7 **1. Scope**

8 **2. Normative Reference**

9 **3. Terms and Definitions**

10 **4. Principles**

11 **5. General**

12 **6. Social Issues**

13 **7. Holistic Service Hierarchy**

14 **8. Existing Works and Documents**

15 **9. Recommendations**

16

17 **Annexes**

18 **Bibliography**

19 .....

20

21 **Foreword**

22

23 **Introduction**

24

25 **As a result of increased life expectancy, “Aged Societies” have emerged in many**  
26 **countries. Countermeasures to cope with global ageing population need to be addressed**  
27 **today. For the purposes of this proposal, a country with a population where more than**  
28 **14% is aged over 65 years is called an "Aged Society". Where more than 21% of a**  
29 **population is over-65, this is referred to as a "Super-aged society".**

30 **By the year 2050, many countries are projected to become super-aged societies. In**  
31 **addition, developing countries and regions with rapid economic growth will be subject to**  
32 **changes to their ageing population over the next few decades.**

33 **Aged people have a strong desire to maintain maximum health, and continue to live in**  
34 **their communities, independently from institutionalized care. There is already an**  
35 **accumulation of research, knowledge and innovative practices that is useful for the**  
36 **effective and efficient realization of allowing societies to achieve this. It is also to be**  
37 **noted that the concept of aged society includes younger people living in the society.**  
38 **Accordingly, a holistic view covering diverse generations in the aged society defines a**  
39 **wide range of issues to be addressed.**

40 **In order to adapt for aged societies, and to support a greater desire for people to live**  
41 **independently as well as to enable younger generation to maintain their health and active**  
42 **participation to the society when they get aged in the future, we need a significant change**  
43 **in the behaviors and thought processes of healthcare providers, the public, and their**  
44 **friends and families. This will relate to all aspects of a person’s life, including planning,**  
45 **decision making and day to day living.**

46 **To make the super-aged societies sustainable, a drastic innovation of the social system is**  
47 **necessary to address the enhancement of people’s happiness and the reduction of social**  
48 **cost at the same time.**

49 **The benefit and role of international standards are highly required in this context. Best**  
50 **practices, experiences, and lessons learned obtained by some of already aged societies**  
51 **should be shared at a global scale in order to prepare for the future among many**  
52 **countries including relatively young nations for the moment. The publication of**

53 international deliverables will facilitate future-aged societies to avoid mistakes and  
54 directly choose most effective and resource efficient solutions.

55 Under the global trend of super-aging in fast progress, the international standardization  
56 will make it possible to build an integrated social innovation system that realizes a  
57 desirable and sustainable society across the countries.

58 Harmonizing the concepts and methodology internationally will streamline the market  
59 environment and build the basis for fair competition and development of related  
60 industries.

61 Facilitating the development of various industries of services, products, human  
62 resources, ICT related with the new social system, will help nurture full-fledged industries  
63 leading to the enhancement of happiness of the people.

64

## 65 1. Scope

66 The purpose of this IWA is to initiate an international discussion (within the ISO structure)  
67 on the shaping of aged societies in the future. It will bring together a focused group of  
68 experts to consider the fundamental principles that should be addressed when providing  
69 community-based, integrated health and care services for aged societies.

70 The IWA will provide a useful reference at a national level, for those stakeholders who  
71 have an interest in global solutions for aged societies (e.g. health and social care  
72 providers and policy makers). It may also form a basis for an ISO discussion on a future  
73 standardization strategy and work programmes for this theme.

74 It is acknowledged that aged societies will be of interest to many different stakeholders,  
75 covering several subjects that are already standardized within ISO. Therefore we believe  
76 that by developing an IWA, we can quickly produce a document that will provide an  
77 effective basis for further discussion and collaboration.

78

## 79 2. Normative Reference

80

81

## 82 3. Terms and Definitions

83 - **Community-based** : Regional coverage based on daily life sphere (to be discussed  
84 further).

85

86 - **Integrated Services** : Seamlessly linked and coordinated services of health promotion  
87 and elderly care.

88 - **Integrated Health Services** : Services to maximize the health longevity (based on WHO's  
89 definition of health and health longevity).

90 - **Integrated Care Services** : Independence support services respecting the will of the aged  
91 and the social care services in the daily life community.

92 - **Active Aging**

93 - **Aging in Place**

94 - **Age-friendly Cities**

95 - **Productive Aging**

96

97 .....

98 .....

99

## 100 **4. Principles**

101 **All the people including the elderly can maintain maximum health, and the aged can**  
102 **continuously live in the community independently and securely, with their will respected**  
103 **regardless of frailty.**

104

### 105 **4.1 Principle of Life Cycle Suitability**

106 **Integrated services are provided in a manner suitable to the needs throughout the life**  
107 **cycle, ranging from providing work opportunities and social participation, health**  
108 **promotion, and prevention of life style diseases and disabilities, and health promotion, to**  
109 **assisting independence and 24-hour care.**

110

### 111 **4.2 Principle of Productiveness**

112 The people including the elderly in need of care are not simply considered as the  
113 recipients of services, but are encouraged to realize their own productive aging, by  
114 proactively addressing their own health promotion, with their independent life and  
115 autonomy well respected.

116

#### 117 **4.3 Principle of Regionality**

118 Health and care services are rooted in the community, and are provided continuously to  
119 all citizens including the elderly by efficient use of human and physical resources within  
120 the specified area accessible by them.

121

#### 122 **4.4 Principle of Systemization**

123 Health and care services are systematically provided in the community, and are made  
124 available seamlessly and as a whole, in accordance with the needs of people including  
125 the elderly.

126

#### 127 **4.5 Principle of Innovation**

128 Health and care services are continuously innovated to be more efficient and of better  
129 quality at all times, supported by new technology and scientific knowledge as well as the  
130 social innovation including the behavioral changes of not only the aged but also the  
131 younger generation.

132

133

### 134 **5. General**

#### 135 **5.1 Basic Approach**

136 Health and care relationships in line with the life cycle are shown in the following Figure.

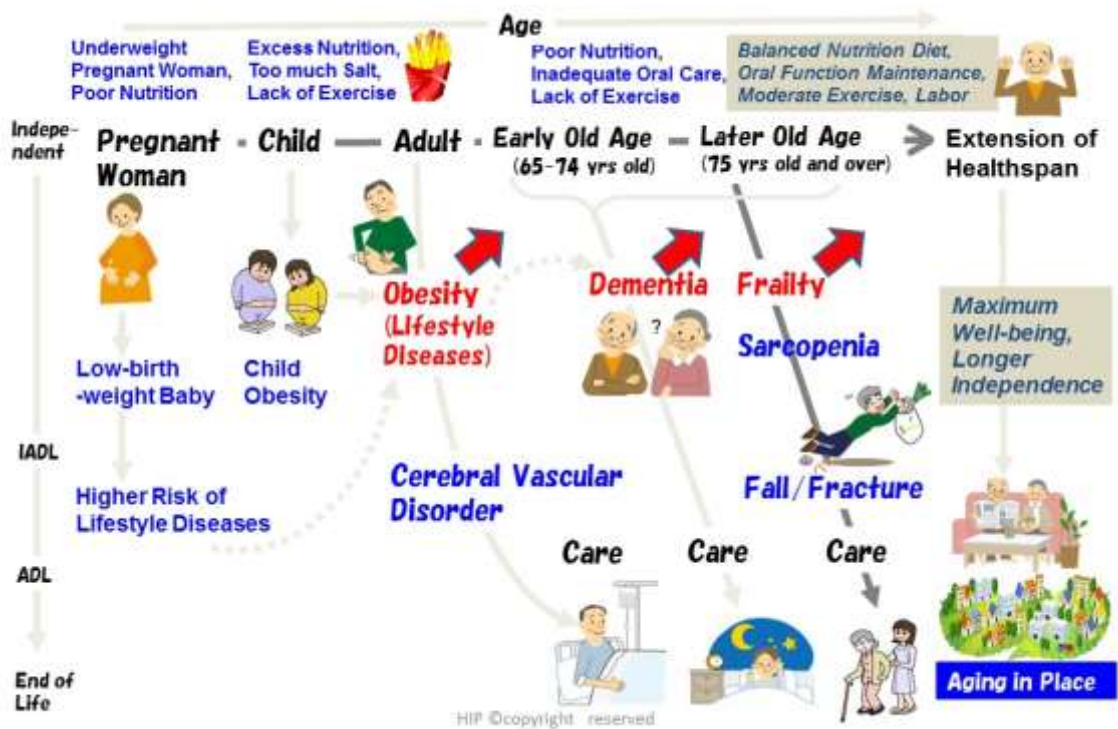


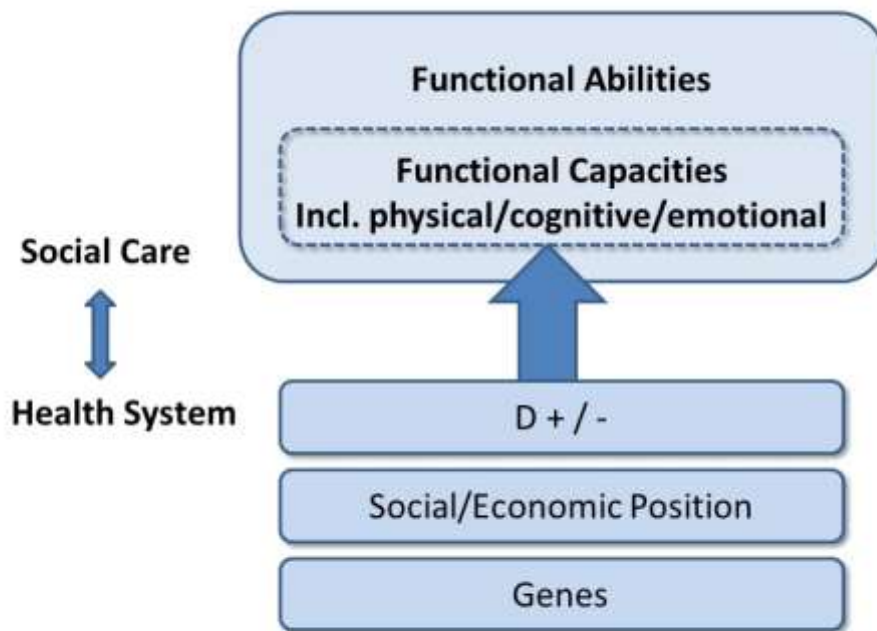
Figure 1 - Health Maintenance and Care through the Life Cycle

137

138 It is critically important how to promote health, how to prevent the life style diseases,  
 139 dementia and frailty, and how to achieve the aging in place even under the need of care.

140

141



**Figure 2 – Health System and Social Care**

142

143

144

145 **5.2 Reference Architecture**

146

147

### A Possible Structure of IWA

	<b><u>Generic Themes</u></b> <i>Housing Community Economic Technology Innovation</i>
<b>Aspects</b>	
1. <i>Maintain Health through the Life Cycle</i>	<b>Principles</b>
2. <i>Medical Needs</i>	.....
3. <i>Personal Care</i>	.....
4. <i>Daily Living Tasks</i>	.....
5. <i>Maintaining Relationships &amp; Community Involvements</i>	.....
6. <i>Keeping Safe</i>	.....

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**Figure 3 – A Possible Structure of IWA**

148

149    **The aspects and generic themes in this structure and the relevant health and care**  
 150    **services are mapped in the Figure below.**



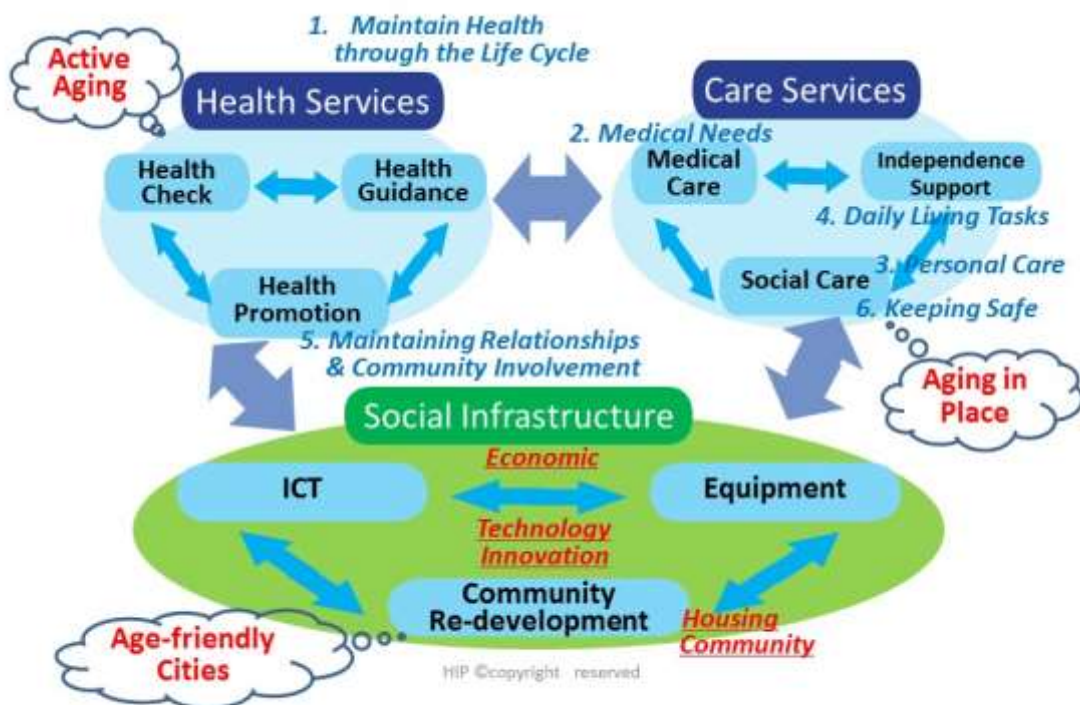


Figure 4 - A Possible Structure of IWA and the Services  
 (#Aspects/Generic Themes)

151

152 Integrated health services provide health check and guidance, and health promotion  
 153 services including social participation.

154 Integrated care services provide independence/autonomy support and social care  
 155 services in coordination with medical care services.

156 To support these services, social infrastructure system provides the housing, community,  
 157 economic, technology and innovation.

158

## 159 6. Social Issues

160

### 161 6.1 Maintain health through the life cycle

#### 162 6.1.1 Housing

#### 163 6.1.2 Community

#### 164 6.1.3 Economic

165	<b>6.1.4 Technology</b>
166	<b>6.1.5 Innovation</b>
167	
168	<b>6.2 Medical needs</b>
169	<b>6.2.1 Housing</b>
170	<b>6.2.2 Community</b>
171	<b>6.2.3 Economic</b>
172	<b>6.2.4 Technology</b>
173	<b>6.2.5 Innovation</b>
174	
175	<b>6.3 Personal care</b>
176	<b>6.3.1 Housing</b>
177	<b>6.3.2 Community</b>
178	<b>6.3.3 Economic</b>
179	<b>6.3.4 Technology</b>
180	<b>6.3.5 Innovation</b>
181	
182	<b>6.4 Daily living tasks</b>
183	<b>6.4.1 Housing</b>
184	<b>6.4.2 Community</b>
185	<b>6.4.3 Economic</b>
186	<b>6.4.4 Technology</b>
187	<b>6.4.5 Innovation</b>
188	

189	<b>6.5 Maintaining relationships &amp; community involvement</b>
190	<b>6.5.1 Housing</b>
191	<b>6.5.2 Community</b>
192	<b>6.5.3 Economic</b>
193	<b>6.5.4 Technology</b>
194	<b>6.5.5 Innovation</b>
195	
196	<b>6.6 Keeping safe</b>
197	<b>6.6.1 Housing</b>
198	<b>6.6.2 Community</b>
199	<b>6.6.3 Economic</b>
200	<b>6.6.4 Technology</b>
201	<b>6.6.5 Innovation</b>
202	
203	
204	<b>7. Holistic Service Hierarchy</b>
205	
206	<b>7.1 Integrated Health Services</b>
207	<b>7.1.1 Health Check and Guidance Services</b>
208	<b>7.1.1.1 Health Check and Guidance Services on Non-professional Level</b>
209	<b>7.1.1.2 Ditto by Professionals</b>
210	<b>7.1.1.3 “Data Health” Project</b>
211	<b>7.1.1.4 Personal Health Care Data Utilization</b>
212	<b>7.1.1.5 Health Data Trust Services</b>

- 213 **7.1.1.6 Health Check Devices**
- 214 **7.1.2 Health Promotion Services**
- 215 **7.1.2.1 Exercise/Fitness**
- 216 **7.1.2.2 Diet**
- 217 **7.1.2.3 Oral Care Services**
- 218 **7.1.2.4 Beauty**
- 219 **7.1.2.5 Others (Visiting/Receiving, Daily/Overnight Services)**
- 220 **7.1.3 Social Participation**
- 221 **7.1.3.1 Job Matching, Volunteer/Part-time Work**
- 222 **7.1.3.2 Hobbies, Community Activities**
- 223 **7.1.4 Community-based Health Support System**
- 224 **7.1.4.1 Research of Health Service Needs**
- 225 **7.1.4.2 Regional and/or Insurer Level Health Businesses**
- 226
- 227 **7.2 Integrated Care Services**
- 228 **7.2.1 Independence/Autonomy Support Services**
- 229 **7.2.1.1 Welfare Equipment Providing Services**
- 230 **7.2.1.2 Care/Communication Robots**
- 231 **7.2.1.3 Toilet-related services (Diapers/Pads/Pants-related Service Providers...)**
- 232 **7.2.1.4 Care Foods Services**
- 233 **7.2.1.5 Home ICT, Infrastructure-related Services (24-hr Watching / Monitoring /**
- 234 **Transmission-support system, Housing, Transport,**
- 235 **Landscaping, Walkability...)**
- 236 **7.2.1.6 Independence / Rehabilitation Assistance Care Services**
- 237 **7.2.1.7 Guardian of Adults (Financial Support...)**

238

239 **7.2.2 Social Care Services**

240 **7.2.2.1 Visiting Services (On-request, Periodic Circuit)**

241 **7.2.2.2 Receiving Services (Daily/Overnight)**

242 **7.2.2.3 Multi-functional Facility-based Care Services**

243 **7.2.2.4 Integrated Nursing Care Services**

244 **7.2.3 Community-based Care Support System**

245 **7.2.3.1 Research of Care Service Needs**

246 **7.2.3.2 Regional and/or Insurer Level Care Services**

247

248 **(Note) ISO standards can be approached on 3 levels – specific products and services**  
249 **level, business level which assembles those specific products and services, and the**  
250 **social system level in the community which supports the businesses regionally.**

251

252 **7.3 Social Infrastructure**

253 **> This part is reserved for your possible intention to write services that may not have**  
254 **been captured in the previous subsections such as financial planning/support (other than**  
255 **7.2.1.7) while we may also add something here.**

256

257 **8. Existing Works & Documents**

258

259 **ISO Committee Title**

260 **ISO/TC 71/SC 7 Maintenance and repair of concrete structures**

261 **ISO/TC 121/SC 3 Lung ventilators and related equipment**

262 **ISO/TC 43 Akustik\*ISO/TC 43 Acoustics\*ISO/TC 43 Acoustique**

263 **ISO/IEC JTC 1 ISO/IEC-Gemeinschaftskomitee für Informationstechnik\*ISO/IEC JTC 1**

- 264 **ISO/IEC Joint Technical Committee for Information Technology\*ISO/CEI JTC 1**  
265 **Technologies de l'information**
- 266 **ISO/IEC JTC 1/SC 28 Maschinen zur Textverarbeitung und Kommunikation\*ISO/IEC JTC**  
267 **1/SC 28 Office equipment\*ISO/CEI JTC 1/SC 28 Équipements de bureau**
- 268 **ISO/IEC JTC 1/SC 35 User interfaces\*ISO/CEI JTC 1/SC 35 Interfaces utilisateur**
- 269 **ISO/TC 159 Ergonomics**
- 270 **ISO/TC 159/SC 5 Ergonomics of the physical environment**
- 271 **ISO/TC 159/SC 3 Anthropometry and biomechanics**
- 272 **ISO/TC 94 Persönliche Sicherheit - Schutzkleidung und -ausrüstung\*ISO/TC 94 Personal**  
273 **safety - Protective clothing and equipment\*ISO/TC 94 Sécurité individuelle - Vêtements et**  
274 **équipements de protection**
- 275 **ISO/TC 22 Straßenfahrzeuge\*ISO/TC 22 Road vehicles\*ISO/TC 22 Véhicules routiers**
- 276 **ISO/TC 59/SC 16 Accessibility and usability of the built environment**
- 277 **ISO/TC 43/SC 1 Noise**
- 278 **"ISO/TC 225 Market, opinion and social research"**
- 279 **ISO/TC 213 Dimensional and geometrical product specifications and verification**
- 280 **ISO/TC 233 Societal security**
- 281 **ISO/TC 37 Terminology and other language and content resources**
- 282 **ISO/TC 147/SC 5 Biological methods**
- 283 **ISO/IEC JTC 1/SC 6 Datenkommunikation\*ISO/IEC JTC 1/SC 6 Telecommunications and**  
284 **information exchange between systems\*ISO/CEI JTC 1/SC 6**
- 285 **ISO/TC 268/SC 1 Smart community infrastructures**
- 286 **ISO/TC 268 Sustainable development in communities**
- 287 **ISO/TC 215 Health informatics**
- 288 **ISO/TC 173/SC 1 Wheelchairs**
- 289 **ISO/TC 249 Traditional chinese medicine**

290 **ISO/TC 210 Qualitätsmanagement und allgemeine Aspekte für Medizinprodukte\*ISO/TC**  
291 **210 Quality management and corresponding general aspects for medical devices\*ISO/TC**  
292 **210 Management de la qualité et aspects généraux correspondants des dispositifs**  
293 **médicaux**

294 **ISO/TC 215 Medizinische Informatik\*ISO/TC 215 Health informatics\*ISO/TC 215**  
295 **Informatique de santé**

296 **ISO/TC 121 Anästhesie- und Beatmungsgeräte\*ISO/TC 121 Anaesthetic and respiratory**  
297 **equipment\*ISO/TC 121 Matériel d'anesthésie et de réanimation respiratoire**

298 **ISO/TC 229 Nanotechnologie\*ISO/TC 229 Nanotechnologies**

299 **ISO/TC 274 Light and lighting**

300 **ISO/TC 198 Sterilisation von Produkten für die Gesundheitsvorsorge\*ISO/TC 198**  
301 **Sterilization of health care products\*ISO/TC 198 Stérilisation des produits de santé**

302 **ISO/IEC JTC 1/SC 27 IT Sicherheitsverfahren\*ISO/IEC JTC 1/SC 27 IT Security**  
303 **techniques\*ISO/CEI JTC 1/SC 27 Techniques de sécurité des technologies de**  
304 **l'information**

305 **ISO/TC 222 Finanzdienstleistungen\*ISO/TC 222 Personal financial planning\*ISO/TC 222**  
306 **Conseil en gestion de patrimoine**

307 **ISO/TC 68 Bankwesen\*ISO/TC 68 Financial services\*ISO/TC 68 Services financiers**

308 **"ISO/TC 68/SC 2 Financial Services, security"**

309 **ISO/TC 68/SC 7 Core banking**

310 **ISO/TC 176/SC 3 Supporting technologies**

311 **IEC**

312 **SAGS-ABHS Ad-hoc Healthcare services**

313 **IEC SEG 3 Ambient Assisted Living (AAL)**

314 **WHO**

315 **OECD**

316

317 **9. Recommendations (incl. Gap Analysis)**

318

319 **Annexes**

320

321 **Bibliography**

322