

Creating Virtual Health Courses for Public Use and Public Awareness

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I. Executive Summary

Health resources are crucial to promoting healthier behaviors in society. Robust marketing campaigns are often utilized by healthcare workers and organizations to raise awareness about such health resources. A common method of marketing is community outreach. Community outreach is the process by which organizations educate the public about a certain topic, study, or idea through the use of campaigns (Riesch et al., 2013). Clinics and other healthcare organizations often present their practice at local fairs and other community events and even perform basic procedures, like blood pressure tests, on people. During my summer internship at the Family First Physicians office, I helped create virtual health courses for public use. For my business research project, I investigated how community outreach impacts public receptiveness towards healthcare initiatives to determine if community outreach would be an effective means of marketing the health courses I created in my internship. I researched this question using primary and secondary sources, including an interview with my internship mentor, Dr. Karen Federici. Through my research, I found that community outreach programs tend to be successful in increasing public receptiveness towards healthcare initiatives. Community outreach can help people take prompt action against health concerns and increase people's use of existing healthcare resources, while also conveying information to a wide-spread audience through technology.

II. Business Context

My business internship for the summer 2021 cohort was in the healthcare field/healthcare industry. My duties as an intern were to assist Dr. Federici in turning some of her health projects into online courses, along with creating supplemental materials for these courses. These courses were meant to be easily accessible resources to educate people on how they can better improve their health, along with their family's health. The World Health Organization defines a health system as "all the activities whose primary purpose is to promote, restore or maintain health" (WHO, 2009).

Family First Physicians is a family practice provider located in Sycamore, IL. Dr. Karen Federici, MD is the physician in charge of the Family First Physicians practice. Dr. Federici is a family medicine specialist who completed her family medicine residency at Adventist Hinsdale Hospital located in Hinsdale, IL. Prior to her residency, Dr. Federici completed her medical education at the University of Illinois at Chicago College of Medicine. Given that Dr. Federici's specialty is family medicine, the Family First Physicians office is a family practice provider. The services offered at Family First Physicians include pediatrics, women's health and wellness, and lifestyle. The Family First Physicians practice was started in 2006 in Genoa, IL by Dr. Federici. In 2019, the practice shifted locations to Sycamore, IL.

Dr. Federici has created two main services for her clients. The first one is called "BabyFoodie." BabyFoodie is a program that was created in 2013, in an attempt to help first-time mothers and mothers with new babies create a smooth transition from breastfeeding to starting their babies with solid foods. Under the BabyFoodie initiative, Dr. Federici created a comprehensive video that taught families how and when to safely start giving their babies solid foods. The name of

the video is “Starting Babies with Solid Foods.” This video featured crucial information, including the right age to start babies with solid foods, proper starting techniques, the best and worst foods to give babies learning to eat, etc. The goal of the BabyFoodie service is to guide parents with how to safely start giving their babies solid foods, along with providing answers to common questions parents have. The second service that Dr. Federici created is called “A Healthier You.” “A Healthier You” is a group-based fitness program. People can take part in either a 3-day challenge or sign up to be part of a 3-week program. Dr. Federici mainly uses two separate Facebook groups for these challenges. The main Facebook group is called “a healthier you” and anyone who is interested (regardless of whether they are patients of Dr. Federici) can join this group. The 3-day challenge usually takes place in this group; Dr. Federici will announce the upcoming days of the 3-day challenge and provide a list of plant-based foods for people to consume during the duration of the challenge. On the other hand, to be part of the 3-week program, people will have to fill out a sign-up sheet on Dr. Federici’s website (drkarenfederici.com), but this program is also open to anyone whether or not they are Dr. Federici’s patients. The 3-week program has a separate Facebook group for participants. Dr. Federici creates innovative plant-based recipes and provides the participants with detailed shopping lists. Participants in the program are able to use the Facebook group in order to ask questions, share their progress, and communicate with other participants. The aim of the “A Healthier You” program is to provide people with a comprehensive health program that will help them develop a strong foundation in nutrition and physical activity.

III. Business Project Description

Over the course of my summer internship at the Family First Physicians office, I was tasked with two major projects along with creating supplementary materials for these projects. The role of my internship was as a health content creator, so the tasks given to me were in line with this role. Along with content development, I also engaged in digital design work. This section below highlights some of the main tasks I completed during my internship.

During the first week of my internship, Dr. Federici had asked me to use this time to thoroughly familiarize myself with the Kajabi platform. Kajabi is a digital platform that allows users to create courses, websites, membership pages, along with other marketing tools. Dr. Federici informed me that we would be using Kajabi as the main platform for creating content. Over the course of the first week, I spent time going through different tutorials offered by Kajabi through the “Kajabi University.” I completed the “Build a Course,” “How to Market Your Course,” “Build a membership,” “How to migrate a course,” and the “How to structure a course” bootcamps. Each bootcamp was about an hour to three hours long in length. In addition to the boot camps offered by Kajabi, I also spent time familiarizing myself with the Kajabi platform, which included utilizing the skills I had learned through the Kajabi bootcamps to create mock courses. Allotting time to learn and practice the Kajabi software before actually starting the project was important because the Kajabi software is rather vast, with many different tools and functions available for creators.

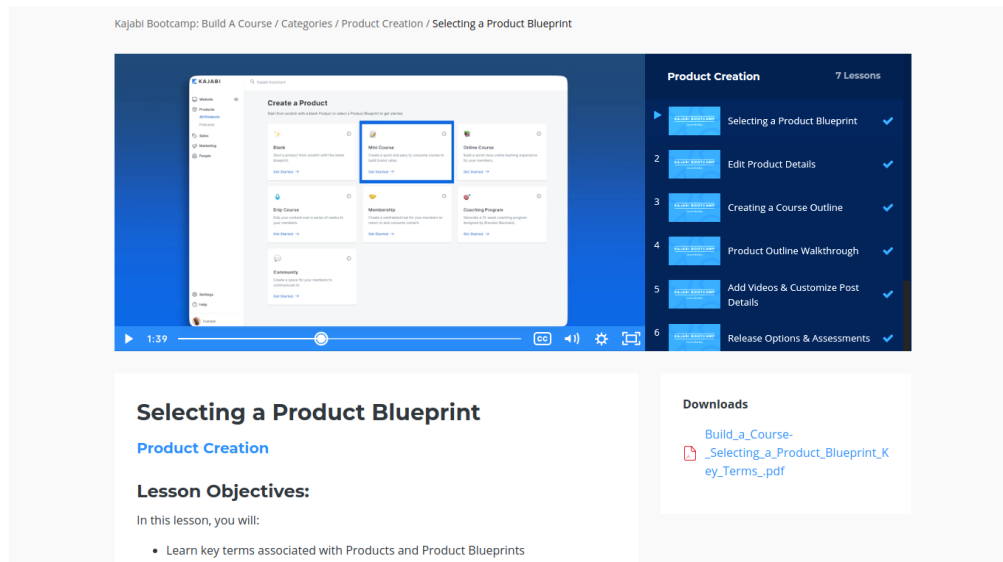


Figure I. The following image shows an example of one of the Kajabi bootcamp courses that I engaged in, during the first week of my internship. The bootcamp shown above is the “Build a course” bootcamp.

The second task that I was asked to work on was to create the Kajabi course for “Starting Babies with Solid Foods.” The original “Starting Babies with Solid Foods” video that Dr. Federici created was around 25 minutes long. I spent time going through the video and extracted the key information and wrote this information down. I took the compiled information and put it into the form of lesson plans. The most important factor that I considered while forming the lesson plans was to make sure that the information was in chronological order, as information regarding development in children must make chronological sense, in order for the information to have an impact. Additionally, the lessons were strategically created to include information in small portions because information about starting solid foods with babies tends to be quite dense. The lessons and sub-lessons included information directly sourced from Dr. Federici. In total, I had created four major lessons along with 17 sub-lessons. The major lessons were these:

- Lesson 1: Is My Baby Ready?
- Lesson 2: How do we begin?
- Lesson 3: Safety and Allergies
- Lesson 4: Common Questions

The number of sub-lessons varies between each lesson depending on the quantity and density of information.

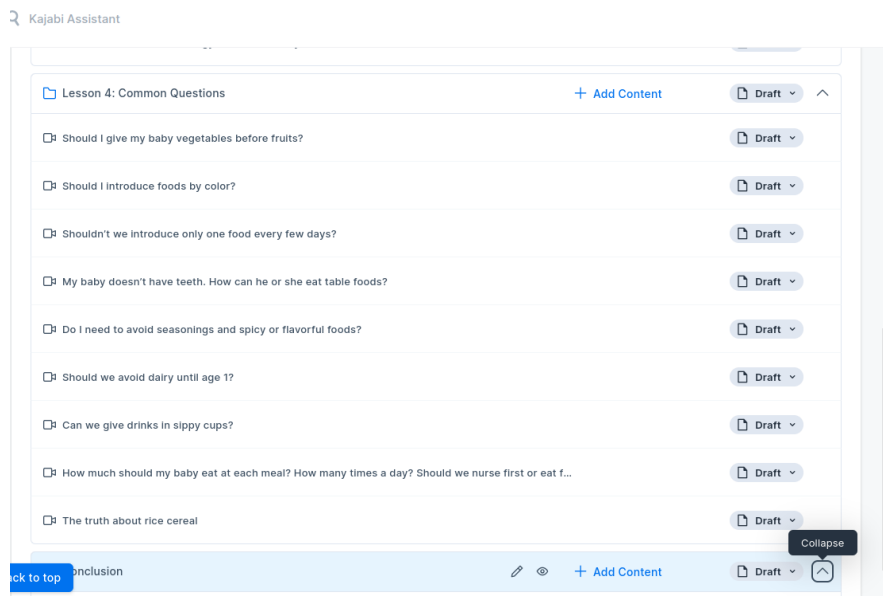


Figure II. The following image shows the lesson layout in Kajabi along with the sub-lessons. Pictured above is Lesson 4: Common Questions.

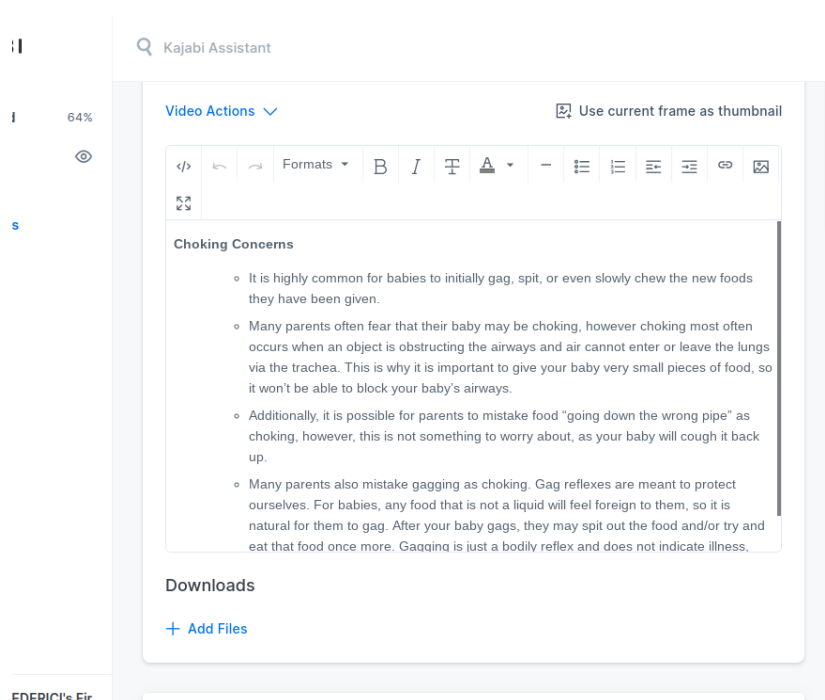


Figure III. Shown above is an example of one of the sub-lessons created. Pictured above is the "Choking Concerns" sub-lesson.

The third main task that I was given was to edit the original “Starting Babies with Solid Foods” video into smaller clips based on the information provided in each sub-lesson. We chose to do this because we felt that people engaging in the “Starting Babies with Solid Foods” course would find it helpful if they were able to both read the information and visualize the concept being taught by way of the video. In order to edit the video, I utilized the video editing tool in Apple Photos. The video clips were edited in a way that they only discussed one unique topic. I then put all the edited clips into a shared Google folder and transferred them into the different lessons in Kajabi. The information in the videos mirrored the text in each separate sub-lesson. Most of the video clips featured a short interview between Dr. Federici and her patients, as Dr. Federici gave personalized information to new parents regarding their baby and what approaches to take (parents and their children were filmed).

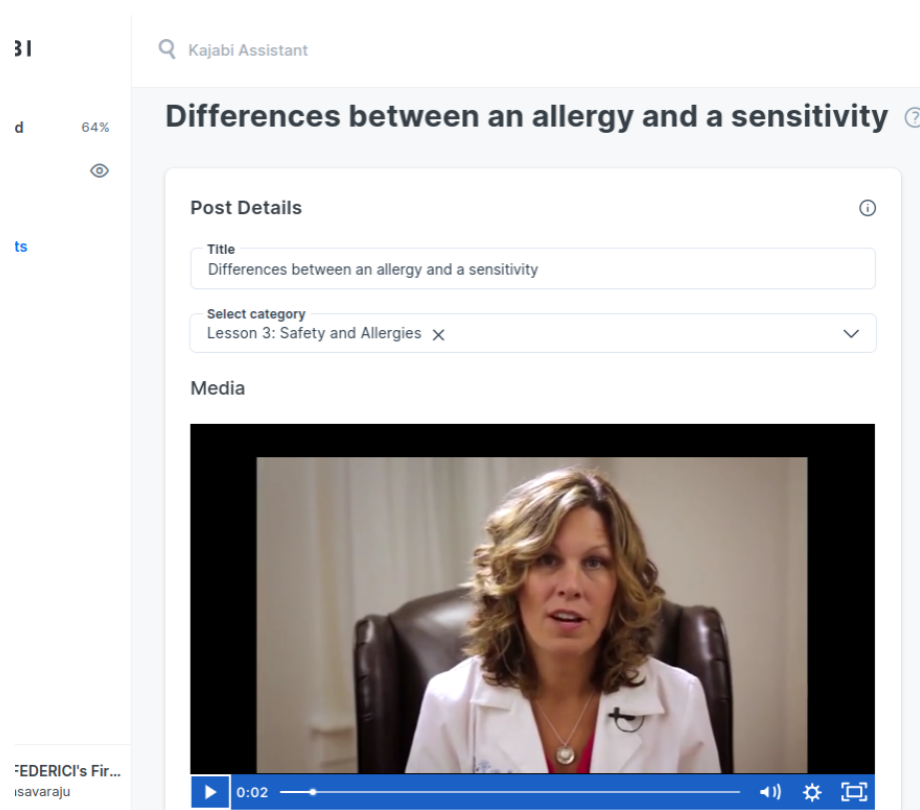


Figure IV. The following image shows the embedded video clip in Kajabi for the “Differences between an allergy and a sensitivity” sub-lesson of Lesson 3.

Next, I was instructed to design and create marketing materials for the BabyFoodie program. Under the BabyFoodie program, I was instructed to create marketing materials for the “Starting Your Baby with Solid Foods” course, since we had just finished creating that course on Kajabi. Dr. Federici recommended that I utilize Canva to create social media posters. I had prior experience with the Canva platform, so I decided to use this platform. My main goal was to create many different posters using a variety of styles and designs, in order to create a wide-range of posters that could be used on

Dr. Federici's different social media platforms. I created posters that advertise some of the key information that the "Starting Your Baby with Solid Foods" course offers, including the best and worst foods to give babies learning to eat, the right age to start giving your baby solid foods, a checklist of important criteria that your baby must be meeting in order for them to start solid foods safely, etc. These posters were mainly aimed at an audience who was not familiar with the Family First Physicians office and Dr. Federici's previous BabyFoodie video initiative. The other set of posters was aimed at people who were Dr. Federici's patients or those who were familiar with Dr. Federici's previous BabyFoodie video initiative. These posters directly advertised the newly created BabyFoodie online course without specifically sharing details, in an attempt to avoid repetitiveness. On all of the posters created, I made sure to clearly add the Family First Physicians website link, in order for people to be able to have convenient access. Another marketing material that I helped Dr. Federici create was an online quiz about solid foods that could be distributed to parents. The quiz included a short questionnaire about the necessary criteria that a baby must be meeting in order to start solid foods. Based on parents' answers to these questions, at the end of the quiz, it would either tell the parent that their baby is ready to start solid foods, or that their baby still needs time before they can start solid foods.



Figure V. The following image shows one of the marketing posters I created. Pictured here is the "How to start giving your baby solid foods, with physician recommended tips" poster.

Next, I was instructed to start the second major project (all the projects up to this point were part of the BabyFoodie service). The second major project was to work on creating a course for Dr. Federici's "A Healthier You" program. As I previously mentioned, Dr. Federici's "A Healthier You"

program has two different challenges: the 3-day challenge and the 3-week challenge. I was in charge of creating the Kajabi course for the 3-week challenge. Dr. Federici had an existing 3-week challenge Facebook group for all of the people who had previously been part of the challenge. I was instructed to create two versions of the “A Healthier You” course: one version on Canva and the other on Kajabi. I first created the Canva version of the course. The main attributes of the 3-week challenge are the weekly shopping lists, meal prep instructions, meal prep tips, weekly menu items, and dietary goals. Dr. Federici previously created rough drafts of these documents; I used these rough drafts and created a visually appealing Canva page that featured all of this information. The Canva page included the information necessary for the entire duration of the challenge. Upon creating the Canva page, I worked on creating the Kajabi course for the 3-week challenge. I decided to break the course down into four different sections: Welcome, Week 1, Week 2, and Week 3. The “Welcome” section featured an introduction to the program, general information about the instructor (Dr. Federici), simple diet tips, and frequently asked questions. For each of the week sections, I included the shopping list for the week (produce, vegetables, fruits, seasonings), meal prep instructions, motivational statements written by Dr. Federici, and the weekly menu items.



Figure VI. This image shows one of the “A Healthier You” Canva course pages. Shown here is the Important Prep Tips page.

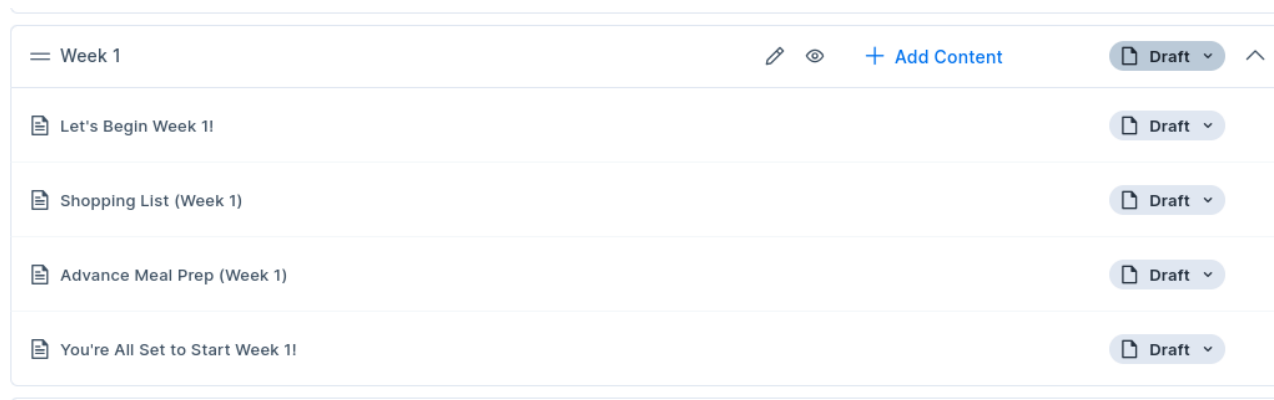


Figure VII: This image shows one of the lessons and sub-lessons for the Kajabi version of the “A Healthier You Course.” Pictured here is the Week 1 lesson.

IV. Business Project Research

Upon embarking on my journey as an intern in the Family First Physicians office, I became interested in a business concept, which I wanted to complete further research on, as I believed that this research would be key to improving the effectiveness of the work I created during my internship. This business concept was community outreach in the field of healthcare. Community outreach has been a common form of marketing, so I was interested in viewing how community outreach has shaped marketing in the healthcare industry specifically. Thus, I formulated the following research question: What impact does community outreach have on public receptiveness towards healthcare initiatives? This research question ties in closely with the work that I completed in my internship (designing and developing health courses) because knowing how effective community outreach marketing is in the healthcare industry will help us decide whether or not it will be beneficial to utilize community outreach as our primary method of marketing. For healthcare professionals to make the most impact on their community, it is important for them to utilize an effective marketing method. Additionally, by gaining more insight into these concepts, I will be able to make constructive changes to my work.

In order to receive more insight into my business research question, I utilized two different research methods. The first method was primary research. This includes having discussions with my internship mentor, Dr. Federici. As Dr. Federici features extensive training as a physician and is highly knowledgeable in the medical field, I received her views. Dr. Federici and I engaged in meetings and discussions to talk about my research questions. The other research method I utilized was secondary research. This mainly included academic research articles from healthcare and education journals.

My primary source data was the information I received from an interview with my business mentor, Dr. Karen Federici. Dr. Federici is a family practitioner and the owner of the Family First Physicians office. Dr. Federici has previously marketed her personal initiatives byway of community

outreach. Dr. Federici mentioned that technology is highly important in community outreach in the healthcare field, as it is important to “bring medicine directly to the people” (K. Federici, personal communication, August 2, 2021). Over the years, social media has become the primary platform for Dr. Federici’s community outreach. Dr. Federici frequently posts about nutrition and exercise on her personal social media accounts and the social media accounts for her practice. The number of physical interactions have been severely reduced due to the COVID-19 pandemic, so Dr. Federici mentioned that “holding live events on Zoom gave us a way to still interact with people” (K. Federici, personal communication, August 2, 2021). Additionally, Dr. Federici stated the following, “social media allows me to connect with people outside of my geographical community” (K. Federici, personal communication, August 2, 2021). Overall, Dr. Federici said that she believes community outreach increases public receptiveness towards healthcare initiatives. She believes that a greater emphasis must be placed on “educating young people in health literacy,” which could be accomplished through community outreach (K. Federici, personal communication, August 2, 2021). Dr. Federici provided the following example of educating young people in health literacy: expanding the scope of health education in schools and communities to include a greater focus on educating people about the healthcare system; for example, teaching students how to book doctors appointments (K. Federici, personal communication, August 2, 2021).

During my secondary research into how community outreach impacts public receptiveness towards healthcare initiatives, I came across a few key studies that actually utilized community outreach in a real-world context. The first of these studies was a cervical cancer prevention study conducted at the Highland Hospital in Oakland, CA. The target population of this study was “women 18 through 74 years of age who obtained an abnormal result from a screening Pap smear performed at HGH between September 1, 1999 and August 31, 2001” (Engelstad et al., 2005). The participants were classified as either ASCUS/AGUS, LGSIL, or HGSIL, which correlated with the results of their previous Pap smear test (Engelstad et al., 2005). The participants were randomly assigned to either the control group or the intervention group (experimental group). Both the participants in the control and intervention groups received basic follow-ups in order to abide by the “institutional guidelines for women with abnormal Pap smears: notification by telephone or mail of the result and scheduling for an appointment at the recommended interval” (Engelstad et al., 2005). The women in the intervention group received additional follow-up and personalized counseling, and were invited to join skill-building sessions and peer support groups (Engelstad et al., 2005). The Highland Hospital hired experienced community health advisors (CHAs) to organize the events and carry out the personalized interactions with the study participants. Upon completion of the study, the data showed that only 32.4% of the participants in the control group followed up at the Highland Hospital less than six months after being informed of having an abnormal Pap result, while nearly 60.7% of the participants in the intervention group followed up during the same time period (Engelstad et al., 2005). In total (over the span of the whole study), 80% of the participants in the control group followed up at the Highland Hospital, while this number was 82% for the participants in the intervention group (Engelstad et al., 2005). The difference between the percentage of participants in the intervention group and control group, who responded in less than six months, was quite significant at about 30%. The percentage difference in following-up over the span of the whole study was less, at a difference of 2%. These results indicate that “a tailored counseling intervention delivered by trained community health outreach workers can effectively increase both the rate and timeliness of follow-up” (Engelstad et al., 2005). The evidence that

community outreach influenced the study participants to bring attention to their health issues at a faster pace and more frequently, supports the idea that community outreach helped increase public receptiveness towards healthcare initiatives. In this scenario, the initiative was the hospital's aim of trying to help people with abnormal Pap results follow-up sooner.

In addition to the cervical cancer study, I also examined a research paper that looked into a community outreach tobacco cessation program in Washington state; the research paper is called "Results From an Outreach Program for Health Systems Change in Tobacco Cessation" and is part of *Health Promotion Practice: Volume 13*. During the year 2008, the Tobacco Cessation Resource Center, which is funded by the Washington State Department of Health, created a healthcare outreach program to help lower the number of smokers (Schauer et al., 2012). The plan of the Washington State Outreach Program (WSOP) was "to increase the capacity of health professionals in clinics and hospitals to routinely identify tobacco users, advise those who use tobacco to quit, and refer those ready to quit to evidence-based cessation resources such as the quitline" (Schauer et al., 2012). Fourteen counties in Washington state were utilized for this study. These fourteen counties were categorized as either "Initial Outreach Counties" or "Expanded Outreach Counties", based on the timing of when the outreach took place. The last group consisted of the remaining 25 counties and were "the Never Outreach group as they did not receive outreach through the WSOP" (Schauer et al., 2012). The results from this community outreach program were very promising: "The Initial Outreach Counties had a total of 9.6% of Quit Line calls coming from fax referral in 2007. By 2010, 22.3% of all calls came from fax referral, representing a 132% increase over the course of the WSOP" (Schauer et al., 2012). The results from the tobacco cessation program help to show the positive influence that community outreach can have on marketing valuable health services. With smoking being a prevalent issue in America, the Washington State Outreach Program made great efforts to bring attention to existing smoking cessation resources. In addition to bringing attention to existing smoking cessation resources, the "WSOP has facilitated the development of more sustainable systems for tobacco cessation treatment at the health care organization level through academic detailing and the use of online training" (Schauer et al., 2012). Overall, the Washington State Outreach Program for smoking cessation shows that community outreach did in fact increase public receptiveness towards healthcare initiatives.

Upon examining both primary and secondary sources to look into how community outreach impacts public receptiveness towards healthcare initiatives, it is appropriate to say that community outreach has a positive impact on public receptiveness towards healthcare initiatives. Dr. Federici shared that community outreach has personally helped her spread information about the health initiatives she has created. The tobacco cessation study in the research paper "Results From an Outreach Program for Health Systems Change in Tobacco Cessation" demonstrated a considerable increase in engagement in the health initiative, after commencing community outreach programs. Similarly, the cervical cancer prevention study in the research paper "The effectiveness of a community outreach intervention to improve follow-up among underserved women at highest risk for cervical cancer" demonstrated an increase in engagement in the health initiative in the test groups that received community outreach. As I viewed Dr. Federici's interaction with her patients, I noticed a strong community feel between residents of the Dekalb-Sycamore, IL area. Viewing these interactions made me feel that community outreach would be a successful method to market the "Starting Babies with Solid Foods" and "A Healthier You" courses. Before actually implementing

this method, I wanted to conduct research on how community outreach impacts public receptiveness towards healthcare initiatives. An important skill that I learned during my business research was how to implement expert testimony in the context of a research paper. In the past, I had only worked with implementing personal interviews in literature papers. I learned about how to formulate expert testimony into the form of supporting evidence.

Though my primary and secondary research findings into the impactfulness of community outreach on public receptiveness towards healthcare initiatives support the idea of community outreach increasing public receptiveness, it would be wise to conduct further research in order to reach a more valid conclusion. Further research may help to strengthen the idea of community outreach increasing public receptiveness, but it may also provide opposing results that show community outreach as being not very effective in increasing public receptiveness. The greater research that is conducted will generate a greater sample size, ultimately allowing us to reach a conclusion with more supporting evidence. Further research may also help us reveal general limitations of community outreach that must be addressed. In the future, I hope to receive additional expert testimony and examine data from community outreach studies conducted internationally.

V. Business Project Key Learnings and Recommendations

My overall experience with my internship and business project was remarkable. I was able to get a strong foundation into the healthcare field. The time I spent shadowing Dr. Federici and working in-person at the office provided me with great expertise and I was truly able to get a sense of the audience to whom I was designing and developing the health courses for. One of the main things I learned from my internship and business project was that communication is key. Being able to effectively communicate ideas and information can drastically improve the magnitude of the audience for a product or service. Another main thing I gained from my internship and business project was that I received an introduction into health terminology. Dr. Federici used to clearly explain health terms that came up, as I shadowed Dr. Federici and met with her patients. I used to make a note of these terms. I believe that getting an introduction to health terminology will be beneficial to my future endeavors. Additionally, from my internship and business project, I gained experience in health content creation. In the future, when I create more health projects and health campaigns, the content creation skills I learned will help me create better work.

The Family First Physicians office is a remarkable organization that provided me with a productive and inclusive environment. I believe that the work I created as an intern will be beneficial to the practice, as they will be able to provide patients and other community members with virtual health information and health courses, at no-cost. One recommendation I would give to Dr. Federici would be to share the insights that I obtained from my business research, with anyone who is interested in taking part in the “Starting Your Baby with Solids” course and/or the “A Healthier You” course. I genuinely think that sharing this information with potential clients would help provide them with additional information from a peer-reviewed journal; more information provided to clients will help them better make an informed decision.

VI. Annotated Bibliography

Engelstad, L., Stewart, S., Otero-Sabogal, R., Leung, M., Davis, P., & Pasick, R. (2005). The effectiveness of a community outreach intervention to improve follow-up among underserved women at highest risk for cervical cancer. *Preventive Medicine*, 41(3-4), 741–748. <https://doi.org/10.1016/j.ypmed.2005.06.003>

The following source is a research paper that is part of the *Preventive Medicine* journal. The research project presented in the paper tested the effectiveness of community outreach programs in trying to help women who received abnormal results on a Pap test, in the San Francisco Bay Area. The target subjects of this test were women between the ages of 18-74 with abnormal Pap test results. Community health advisors continually reached out to the participants who were part of the experimental group and utilized community outreach (counseling, events, etc.) as a way to get the participants more involved in their health. The results of this research experiment showed that participants who received community outreach were more likely to return for follow-up appointments, after their initial Pap test, in a shorter time period and follow-up more often, than those who were not part of the community outreach program.

McNeill, L. H., Wu, I. H., Cho, D., Lu, Q., Escoto, K., & Harris, C. (2020). Community Outreach and Engagement Strategies to Address Breast Cancer Disparities. *Current Breast Cancer Reports*, 12, 209–215. <https://doi.org/10.1007/s12609-020-00374-z>

The source cited above is a research paper that looks into the community outreach and engagement strategies and real-world applications of these strategies that have yielded positive results. The main community outreach and engagement strategies that were examined in this paper were patient navigation, intervention development, advisory boards/patient boards. The authors utilized evidence from research projects that tested each community outreach strategy, which displays beneficial outcomes, mainly in terms of promoting the health of minorities. The authors also included two case studies about how using active community engagement could help make minority women more likely to participate in breast cancer studies. Initially, both of these studies were struggling to find participants, but after implementing community outreach and engagement, the studies were able to recruit participants.

Riesch, S. K., Ngui, E. M., Ehlert, C., Miller, M. K., Cronk, C. A., Leuthner, S., Strehlow, M., Hewitt, J. B., & Durkin, M. S. (2013). Community Outreach and Engagement Strategies from the Wisconsin Study Center of the National Children's Study. *Public Health Nursing*, 30(3), 254–265. <https://doi.org/10.1111/phn.12018>

This source is a methods article that investigates community outreach. The basis of the study is the National Children's Study; the Wisconsin Study Center (one of the pilot centers) utilized different community outreach messages and materials, during the pre-recruitment phase. The messages and materials included informational letters, postcards, community forums, activities that engage healthcare providers, etc. After six months of the study launching, roughly 52%, about 4300, of enumerated households had women who were part of the eligible age range (18-49) for the study. About 40% of eligible women were aware of the NCS study; 63% of those who knew about the study became aware of it from letters (the greatest percentage), about 10.6% percent became aware of the study from newspapers, television, or radio (second largest percentage).

Romero, L., & Glass, M. (2015). Learning by Doing: Creating Engaging Online Learning. *Educational Technology*, 55(2), 35-39. <http://www.jstor.org/stable/44430355>

The following article describes the creation of an online language learning course by an English as a Second Language (ESL) teacher and an instructional designer. The article discusses how the creators used a weekly module schedule to organize their course, with each module requiring users (in this case students) to solve a real-life problem. Solving the real-life problem would help the students have a more rounded learning experience, rather than just reading texts of information. One of the main goals that the creators had was to make students motivated to fully complete the course, as the creators worried that as the lessons became more challenging, the motivation of students would decrease. The language course serves as a framework for other virtual learning courses and the “Learning-By-Doing instructional model” can be applied to different fields of study.

Schauer, G., Thompson, J., & Zbikowski, S. (2012). Results From an Outreach Program for Health Systems Change in Tobacco Cessation. *Health Promotion Practice*, 13(5), 657-665. <http://www.jstor.org/stable/26739113>

The source above is a secondary source. The following is a research paper from Volume 13 of *Health Promotion Practice*. This research paper is based on a public health experiment to see the effect that community outreach programs can have on tobacco cessation in Washington state. This test was conducted by the Washington State Outreach Program in 14 counties throughout the state of Washington. These counties featured greater presence of health workers who were instructed to advise smokers to quit and refer smokers to tobacco cessation programs. The health workers in this program were placed in hospitals and clinics, where they would be able to identify people who smoked. The results of this test showed that the counties which were participating in this program featured a significant increase in calls to smoking quitlines.

WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge Clean Care Is Safer Care. Geneva: World Health Organization; 2009. Appendix 1, Definitions of health-care settings and other related terms. <https://www.ncbi.nlm.nih.gov/books/NBK144006/>

The source above is one of the appendices from a World Health Organization’s book regarding hand hygiene. The appendix includes the definitions and examples of various healthcare terms. The main topics included were health infrastructure, health workforce, along with inpatient/outpatient services. The appendix also describes different forms of care in the healthcare industry, including ambulatory care, day care, long-term care, and social care.