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>> OPERATOR: Recording in progress .

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>> ARIA JAVIDAN: Hello everyone my name is Aria Javidan I'm the Project Manager for the National Consortium of Telehealth Resource Centers welcome to the latest presentation in the NCTRC Webinar Series today 's session is on Teleheath in Libraries and hosted by the Southwest teleResource Center these are to help support and guide the development of your telehealth programs .

To provide a little bit of background on the consortium located through the country there are 12 resource centers and 2 national one focused on telehealth policy and the other on telehealth technology assessment each serve as focal points for advancing the use of telehealth and supporting access to services in rural and underserved communities we did want to quickly acknowledge national rural health day the National Consortium of Telehealth Resource Centers is excited to celebrate the power of rural today November 16 th on national rural

health day join us in recognizing the spirit of rural America in the efforts of healthcare providers and stakeholders addressing unique healthcare challenges . We are proud to honor the dedicated healthcare providers , state offices of rural health and rural stakeholders making a difference in these communities for more information visit [powerofrural.org](http://powerofrural.org) .

A few tips before we get started your audio has been muted for today 's webinar please use the Q&A function of the Zoom platform to ask questions . Questions will be answered at the end of the presentation . Please note that closed captioning is available and is located at the bottom of your screen .

Today 's webinar is also being recorded and you will be able to access today 's and west webinars only on the NCTRC YouTube channel with that I'll pass it over to Dr. Elizabeth Krupinski director of the Southwest Telehealth Resource Center .

>> ELIZABETH KRUPINSKI: Hello everybody and good day thank you for joining us for our webinar on Telehealth in Libraries we hope to explore the dynamic intersection of telehealth and libraries , libraries are incredibly important connections to our rural areas . And many other areas they are really stepping up to support a lot of essential support and telehealth for the communities so our expert panel will talk a bit about some of the ways in which libraries are becoming hubs for telehealth some of the innovative programs that are offering some resources and services and so on we have three wonderful speakers . I'm going to do a brief introduction now and they will hand off after they each do their presentation to the next one and then we'll have time at the end hopefully for questions . Our first speaker is Dana Abbey at the Strauss Health Science s library the work of the National Library of Medicine Region 4 a region coordinator with the network of National Library of Medicine Region 4 for over 20 years she's worked to improve public 's access to reliable information to enable informed decisions regarding health and to enhance access to evidence-based research for clinicians and public health workforce she's a Colorado native and loves to visit and learn about communities across the Region 4 areas area and the nation our second speaker will be .

>> GEORGE STRAWLEY: He's an engagement special Jyske -- George Strawley in the National Library of Medicine . He's an engagement specialist he works on funding and training aimed at addressing health disparities through reliable health information he's a member of the National Network of library of medicine telehealth interest group and works for the network 's Region 4 which serves the intermountain West and the Dakotas and has library experience of both public and academic settings and based at the University of Utah Spencer S he can he will s Health Science s library .

Our last speaker is going to be Mala Muralidharan she is with the state library of Arizona in the broadband branch she has a Bachelor's in chemistry and Master's in library and information science s and she's been working in libraries worldwide since 19 7 5 and helped create the first integrated software system for India she's helped

design and implement and write grants for libraries to obtain funding for their programs . She's been on N T I A s B top grants to help create job help hubs in libraries . And she assists public and tribal libraries to obtain E-Rate funding she works on broadband consortiums and she's very active in advocacy for broadband and telehealth libraries in Arizona . Without further ado I'll hand it over to Dana .

>> DANA ABBEY: Thanks Elizabeth I appreciate it so this is a visual of the beneath 's region for the network of the National Library of Medicine I'm based here at the University of Colorado Strauss Health Science s library but George and I we work in the same program and we work in all -- we have our hands in all 9 states of our region so we have a really good idea of the locations that have poor broadband access or no access at all to the internet so I'm really glad everyone is here today to talk about how we can leverage what libraries are already doing in communities and help turn some of their spaces into telehealth access points .

Next slide .

So even if all households had high speed internet , which would be a good problem to have they still might lack an actual device to be able to connect to the internet . They may not have a private space where they live to have a medical conversation . They might need help navigating technology .

Or they might want to find reliable health insurance so the library can help address all of these gaps to getting to health information and health providers .

Right now there are 17 ,2 78 public libraries in the United States .

And nearly 8 0 % of those serve populations under 25 ,000 people people .

So when we look at libraries working in those areas , they really are community anchors for a lot of our smaller rural and frontier locations .

Libraries have been and continue to be well positioned to serve as telehealth access points .

They have for the most part reliable broadband access . They have the meeting space available .

They can provide information . They have resources . And they are connected to the needs of the communities that they serve .

And in some communities and in many communities in Region 4 , the library is the only available space for computer and internet access .

Because so many people are affected by the digital divide . So library staff can help community members learn how to efficiently and effectively use telehealth technology and to also help them locate reliable health information .

Next slide .

So COVID-19 accelerated the adoption of telehealth in the healthcare environment . And much like working from home now that the genie is out of the bottle , many individuals and organizations have experienced the benefits of telehealth . And it's likely to stick

around . And there are a lot of things going on at the Federal level to make sure that telehealth remains a service that your care provider can receive reimbursement for . So that's really great .

But when it comes to offering telehealth access in libraries , there's really no one-size-fits-all . Telehealth access can be and should be offered in a variety of ways . Depending on the needs of the community . And the capacity of the library .

Some of the most common customizable approaches that we have seen at the lower end of the scale are -- is device lending . So many libraries are offering and checking out hotspots , Chromebooks , iPads and that sort of thing for people to connect away from the library . Some are able to do -- some are able to do infrastructure updates where they are repurposing existing library spaces for telehealth appointments or developing new spaces , if they have the money to do that .

Is related to telehealth like purchasing kiosks or mobile carts .

One thing to keep in mind is the staffing . Depending on the scope of the service and the size of the community that you're serving , some libraries update existing staff workflows to support telehealth programs . While others are hiring contract folks to work as telehealth navigators and some libraries are hiring people with social service backgrounds .

And another key to making this happen , especially in small communities , is having community partners . They can be valuable collaborators . I'm sure there are many people attending this webinar that would be great collaborators with the libraries in the communities that you're serving .

And potential partners include Federally funded telehealth Resource Center or healthcare providers , school -based health clinics .

Public health agencies .

Accountable Care Organizations .

Even the local Boy's & Girl's Club would be great partners to get some of these programs going .

Next slide .

So I'm going to be showing you a couple videos that highlight two very successful programs that are occurring right now in libraries .

The first is at the University of Utah and the Salt Lake County library system they just recently announced a new partnership .

And community members can use rooms in the library equipped with internet and they have some basic medical examination tools . Such as a scale , a blood pressure machine . And library staff are also available to help with scheduling and setup .

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>> Today we're introducing the community to our virtual visit room , which was created for telehealth primarily but can be used for other virtual visits as well .

>> We at the university for a long time have been providing virtual care or telehealth to members of the community in really the larger intermountain West .

But what COVID taught us is that virtual care can be an asset right here close in the Salt Lake valley .

There's also a challenge that we're aware of most industries are facing known as the digital divide .

>> And there are many people who come here every day to use our computers , to use our WiFi and many people don't have devices , don't have that ability to connect . And so they come to the library to get free WiFi , free computers .

The room includes four pieces of medical equipment and we may add more later on . It has a scale , a pulse oximeter , a thermometer and a blood pressure cuff . And they are easily used so that the individual can put them on themselves and then give the doctor an accurate reading . We have cleaning materials so everything is sanitized after use . We have a blind that comes down so there's complete privacy . No one can see in when they are talking to their doctor .

We live in a community here that is minority -majority so we are very cognizant of and trying to meet the needs of our other languages that are in our community so working with the -- we have a lot of -- at the U they have a lot of translators .

>> Similar to what you would see on a news broadcast with two boxes one individual each that would be the same experience as a patient who would have their care provider in one window in the virtual visit and then the language support assistant who is certified highly qualified not only in the language but also in translating medical information in the other window in the virtual experience . You don't typically think healthcare access when you think of your local library but what you do think of is information . You think of knowledge expansion when you think of the library .

So what we hope as people begin to learn about this availability of healthcare in their local library that it becomes that same experience .

>> We can be a one-stop shop where they can come and get the information , medical information , medical literacy , health literacy all kinds of services that we can provide , then that's what we want to do because we feel like we're the heart of the community .

>> DANA ABBEY: The last video we'll look at is the pots borrow library from Texas which used some funding from an L L M grant to convert a low use storage space into private rooms for virtual visits . They partnered Partnered closely with the University of North Texas Health Science Center at Fort Worth on all aspects of the service , design and delivery . And this included developing protocols around infection prevention , day of appointment workflows and cleaning and disinfection . Thanks , Aria , you can play the video .

[MUSIC PLAYS] .

>> In apologies -- in pots bureau Texas a rural community 9 0 miles north of Dallas people have to travel to get to the doctor and that's difficult for a lot of people here and it's time consuming . There's no public transportation . Nor is there any ridesharing

available .

So we stayed open throughout the pandemic so people could come here because people didn't have computers or internet subscriptions at home . Then we started getting a couple of calls from people who wanted to have doctors appointments .

Libraries are perfectly positioned to work with telehealth because we are oftentimes the fastest internet connection in town . People trust librarians .

It's a neutral space . We're accustomed to helping people with digital literacy skills .

So it all came together to request funding to start a virtual health room here .

>> The original proposal they pitched was to create a pilot telehealth site that would allow them to figure out best practices that they could distribute as a model to other libraries or other community organizations that are looking to do the same thing and in that respect it's been a resounding success a crucial partner in this was also H S E health which is the clinical supports that they got from managing schedules , for setting up appointments with providers .

>> So as it stands right now there are 7 7 counties that don't have a hospital . Telemedicine can be a real solution to a lot of these problems . If we have both the equipment and then you have to have someone special there to help lead the way and to acknowledge it's actually safe .

>> An L L M made it possible to actually convert this old storage room filled with old books into a virtual health automatic .

-- a virtual health room . A room where people can come in , connect with healthcare providers , get the care they need closer to home . It's leading to people being healthier .

>> During COVID I did not want to go sit in a doctor 's office . And expose myself to bigger things when I just had a minor health issue . So this made it to where my safety came first . And it was private , easy , convenient . That's why I chose it .

>> It's a great model . And in fact we have created a playbook because this is not about secret sauce . This is about let's make our communities -- --

(Audio lost )

>> We developed developed a free course called telehealth 10 1 what libraries need to know . The course is asynchronous but a facilitated course . It's on our online platform , Moodle and it provides an overview of telehealth . Unlike other telehealth courses that are focused on providers this one focuses on library issues it takes three hours over the course of three weeks and carries credit towards something called the consumer health information

specialization which is a continuing education credential offered by the Medical Library Association . Next slide, please .

So these are our course objectives .

I won't read them off . But just know that we aim for kind of a broad and wide look at telehealth in libraries .

And point people to resources so they can learn -- further explore what was most relevant to them . We do spend a bit more time on infrastructure and what's needed in a space . Internet connection . Funding and especially on privacy . We touch on policies in the library , HIPAA and liability concerns for the library because those topics seemed to be some of the biggest questions and concerns people had .

I would like to interject something about privacy .

Privacy for those who are not familiar with kind of library culture , that is a very important issue in library culture .

And it's something that librarians are very used to guard ing with their patients . Because people don't want to broadcast over all of town what somebody is reading .

It's the same kind of ethic as there is with health information , as well .

Next slide, please .

One of the course instructors , Liz Morris made this chart it's a little complicated but I wanted to share it because it helps capture all the different ways libraries can approach the issue of telehealth .

As Dana mentioned , there's no one right way to do this .

We are still figuring out best practices as more and more libraries try this out .

We didn't try to focus on one particular method or approach in the course .

And And we really found that people -- different people latched onto different models .

We had -- even had one library share pictures of their telehealth space , which was really cool .

We found that people were innovative and creative . With how they would approach this .

For instance , maybe someone a particular library doesn't have funding . But they have some really great partnerships in the community .

Maybe they don't have much space . Because they are a small library .

But mobile carts turn out to be really successful for their program , things like that . Next slide, please .

So we knew that this was a need . And that there was interest in the class . And when we opened up registration , and sent out one email announcement , the course was filled in a few days .

We ended up offering two instances as a result , two session s of the class .

This was a pilot . And it was an asynchronous class so we wanted to limit registration to 7 5 people in each class .

We filled up those slots . And kept it at that so as not to overwhelm the instructors .

In total , 53 people completed the entire course . Which is a good number for our free courses .

They also completed a final activity where we asked them to brainstorm ideas for their location . And how they would approach starting a telehealth program in their library .

We had people from 41 states register for the class . And on this map , the darker the state , the higher the registration .

Okay . Next slide, please .

Our survey also asked learners for their comments . Here some of the things they said about the course I'll just read the top two because they reflect a theme . The most useful aspect was being able to see how other libraries are using telehealth services and being exposed to new resources for telehealth information and funding .

And colleague discussion and recorded dialogue about implementing telehealth helped me think about how different groups that use my library could be affected by adjustments we'd have to make to implement these services .

So these comments reflect the idea that the librarians were learning from each other since this is something new for them .

And that they needed that discussion . They needed the examples of both -- both of the examples you saw in the videos are in our course .

So -- actually just Texas is in there .

But there's a similar setup with Hawaii that's featured in the course .

And Delaware , as well .

And learning from those examples was the best way to figure out something that's new for libraries .

Next slide, please .

As for N L L M 's future efforts we will continue to offer the telehealth course we have a session planned in the spring . We also have two new projects underway .

The first is a regular Webinar Series called : Bridging the digital divide : Telehealth in libraries . We see it as an opportunity for people to learn about various issues related to the library telehealth after they have -- or as they are introduced to the subject .

Our next webinar will be titled : Telehealth 's double-edged sword . It features speakers from Boston Medical Center and Mass General Brigham .

And the theme is that as telehealth is developed , we have found that the technology -- this technology which has potential to reduce health inequities by increasing access to healthcare also holds the capacity to exacerbate structural inequities . And it discusses -- the presentation will discuss what the healthcare industry can do about it and ways that it can approach that double-edged sword aspect of telehealth .

And next slide, please .

We are also testing out telehealth forum . It's current open to a select group who have been through the telehealth course . Or were part of a previous group that Delaware organized .

It is a place for those already familiar with telehealth access to share ideas and experiences related to the topic . Depending on how the initial pilot goes between now and January , we may open it up to a broader audience so keep an eye out for that .

Next slide, please .

And this is just information on how to contact us . Dana and I both work for the Region 4 office . We're based in different states . We cover the Mountain States and the Dakotas that area under No. 4 there .

We have other regional medical libraries located at universities across the country .

So if you are from outside the Region 4 area , just send one of us an email and we will get you in touch with a contact for your region .

And with that , I will thank you . And turn it over to Mala .

>> MALA MURALIDHARAN: Thank you , George .

I'm not turning my video on because I have a very choppy internet here .

So pardon me for that . But I think you're more interested in seeing the slides than to see me . So here we go .

So next slide, please .

Yeah , I work at the state library of Arizona .

And e-rate -- E-Rate is a department that works it's only me in that department but I work on getting broadband and internet access to libraries , to our public libraries , we have 2 2 2 library buildings . And I work on getting internet access to them . And getting reimbursement . E-Rate reimburse s the libraries for their internet access as well as the internal connections to make that work well .

The other department I would like to draw your attention to is our Talking Book Library which works with the people with low vision . And I will refer to this later . But I just wanted to make note of it , that we are all a part of the state library . Next slide, please .

We noticed , of course , that there were challenges to healthcare . And as libraries always do , we responded to it .

Especially during COVID when a number of our libraries were closed . So and they were not available . The library itself was not available for use .

But we tried to do something innovative to help with healthcare .

And I'll talk to you more about this in the future slides . Of course as , you know , Dana mentioned , distance were an issue . Broadband availability and affordability at homes were an issue .

Child care was a problem . People had to go long distance , they had to find someone to take care of their children for them or their seniors if they were in a home -- in a house that had older people living with them , they had to make sure they were taken care of . Of course there's also the digital gap . They may have all of that but

not know how to get on Zoom for a telehealth appointment .

And if they had to take time off from work in order to get to their place of work and back , get to the place of their health service and back , sometimes it means taking almost half a day off or the whole day off if they had to travel 6 0 , 9 0 miles to get to their healthcare .

So all that was a problem .

Next slide, please .

So Arizona libraries , what did we decide to do ? We had discussions about this . And we said , you know , there are a few things that we can do that we do well .

We provide connectivity . Because we have the E-Rate funding for our libraries so we have connectivity . What should we do with that ? If we could provide equipment , so we decided that we would go ahead with trying to provide equipment .

We can't go it alone we decided that we will encourage partnerships working with other partners to make this happen .

And we of course needed training for people like navigators to help with -- help people access the internet , access their healthcare service providers , also help them with handling the equipment . If they were in library if they came into the library , to help them , you know , to take their blood pressure or to take their temperature . We even had stethoscopes to help them listen to their heartbeats so we had to provide training for them .

And we decided to start with -- we can't do it all so we started with the unserved and underserved areas especially where people were very far away from the health service providers .

So that was the vision that we had when we started off .

Next slide, please .

So why libraries ? I know , you know , Dana and George spoke about this . Saying that libraries were a place where people could have private conversations , even though it was a public space . We provided rooms . In one of our libraries it was the staff kitchen . The staff breakout room that could be used as a private space when the staff were not using it .

And put a computer in there . And close the door . And have a private space there for people to connect with their health service providers . And other places , other libraries , during COVID they applied for the cares Act and either -- CARES Act and either partitioned places within the library or repurposed some of the areas or even got little rooms that they could set up within the library as a private space to do this .

And it comes in many shapes and forms we even looked at M a m a v a -- I don't know how many of you have seen it at airports they are places where people can actually go in and breastfeed -- the m a m a s can go in to breastfeed their kids , their little ones , so we looked at those areas , as well . Next slide, please .

So what did Arizona do before COVID ? We were doing health services even before COVID . So it was not something new but we were doing it in different ways . We had nurse s at some of our libraries

that provided patrons with help with behavioral issues , hygiene , immunization advice and talked to them about substance abuse and where they could get transportation if they needed transportation today . Healthcare , setting up appointments , all of those kinds of things that they helped at a library . Next slide, please .

Also , we during preCOVID we were providing a number of databases including MedlinePlus , healthcare.gov . There were COVID-19 resources that we were providing . Libraries also loaned out hotspots and iPads to patrons to use at home .

But during COVID with the A C P program the affordability connectivity program we signed up people to have internet at home in their taxes with \$30 a month and some of our libraries also applied for hotspots and devices through the E C F program and we had about \$2 00 million worth of hotspots and devices that our libraries applied for and got .

Later on we went on to provide much more in-depth kind of service . So let's go to the next slide and check out what we did .

After that .

These resources all the you are aware of because you work in this area so I'll skip it and go to the next one , next slide, please . So during COVID what did we do ? We had libraries that had notice s put up that WiFi is available in the parking lots . And of course they asked customers -- it's pretty tiny but if you blow it up you can actually see that they say , oh , charge your devices before you come . To the library to the parking lot because they didn't have chargers so what one of our libraries did was put a solar panel over the parking lot so they could actually get power to charge their laptops , computers or their devices , their phones , so they could use them in the parking lot to connect with their healthcare providers .

We also put antenna on top of our book mobiles providing mobile hotspots for them . These book mobiles actually went to the areas in the multi-dwelling areas where people could gather around safely and use the internet sometimes to get in touch with their telehealth providers but also do any other things , access the library 's resources . So we partnered with (inaudible) communication , that was really helpful in providing the hubs and routers outside of the library . So the parking lot had wide coverage .

And of course , the last picture you can see is us doing -- putting their books that they needed in their vehicles for them so they can safely borrow books during this time .

Next slide, please .

So our first pilot project we started with Pima County library it was a telehealth project we did in two of their libraries (inaudible) libraries . I'll show you some pictures of what we did there to promote promote the services but these two libraries were very remote as you can see from the map on the right hand they are very close to the Mexico border , very remote and their nearest healthcare was more than 6 0 , 7 0 miles away .

And north A l h o library you really had to cross the security

check post which means if you had long waits at the check post , you just stayed in line with everyone else in their vehicles , these huge vehicles , you were just one of those in line and if you get to get to your healthcare service provider it takes a long time so we decided those two were the libraries we would use , we would start a pilot project , next slide, please .

So we partnered with the U of A Health Science s and with the county health service to provide us with nurse s and nursing students .

We also partnered with the Southwest telehealth regional center . Janet meager was a key partner , a very enthusiastic partner in helping us through this project . The state library had the I L M S and L C A grants that we used .

To provide the libraries with portable medical kits . Something that could fit in a backpack .

And I'll show you pictures of that in the next slide . Or so .

And then we had other partners who helped us with things like when we had the health day , they came out and had tables there and talked to people about nutrition for diabetes and things like that .

So we did a lot -- and the Connect Arizona project which we started during the pandemic had a map that actually showed where all three WiFi access was available . That's what we started it for . But it's going onto become much , much more than that . That's where you connect to our navigators , our digital navigators . And that's -- we have navigators who speak multiple languages so they can walk people through how to use their device , how to connect with their doctors , and how to use the resources that our libraries have .

Next slide, please .

This is the A r i v a c a health fair the first one we had was at A r i v a c a and we had 15 plus partners that participated in this . And what is surprising is that 1 20 visitors out of a population of 6 29 from the 2020 census .

So a lot of people showed up . And that was a COVID time , too . They had 36 COVID vaccines administered at that time . We had the Talking Book Library that talked to people about people who had low vision and to help them through their -- to getting access to the talking books . The download able books which we supply to them . We supply the kits and we let them download those books of course through the state library .

We also had a bookmobile there . And people visited the bookmobile . Went in and out through it .

There were people who actually used the fire service , they came out and showed them you know how EMTs work and we had a helicop that landed a helicopter and next slide, please , you can see the pictures of those in the next slide .

So it was very exciting to see so many partners .

The goal was to build partnerships and collaboration . The goal was to raise awareness about library services . And the resources that we had in health health area and of course most importantly to serve the underserved and the unserved in those areas , as well , as

you can see from the pictures the health kits that we had are displayed on the table .

You can see they can actually fit into a backpack . And it is portable , it can be taken on the bookmobile s to the multiple house dwelling s and Pima County has actually partnered with the American health association and had received from them blood pressure cuffs which are now currently being loaned out through their libraries to people who need postop care , pre-op care , they need to know what their blood pressure is , monitor it so that the doctors get readings from them every day . They can take their blood pressure multiple times so that they can provide the doctor with that information before a surgery or after a surgery .

Next slide, please .

We had a similar fair at A J O this was in January this year . And again , we partnered with the local healthcare providers . They came and they had tables that talked about healthcare , preventive healthcare , things like that .

We had the Lions Club participate . They did 2 1 eye screen ings there . We had the Talking Book Library of course . We had the mammogram van there we had 14 mammo visits during the time they were there and of course we signed up people for internet access at home . Next slide, please .

Next slide, please .

The third pilot we had with the tribal library and that was at Tuba City , Tuba City has a tribal community , the Navajo community .

And we had over 1 50 visitors that came for the health fair . And all of these health fairs were just to introduce to them that the library had the service . And the library will continue to offer the service to them . From then on . It is to publicize that we had that . And libraries would send flyers out to the community . And talk to them about the availability of these services . But that day we used that day to demonstrate this service by having a health service provider available at the other end .

We had nursing students come in and help people , show them how they could take their blood pressure by themselves . Show them how they could do their pulse outcomes and things lining that -- pulse ox and things like that . We had a stethoscope that we did in one of our libraries at least try out connecting the stethoscope through the computer through a software to the health service provider so that they could actually hear the heartbeat but we decided that that was too expensive to do . You know , because you had to subscribe to the software . It was the echo software . You must have heard of it , some of you at least who are working in this area know that Echo has this software that you can actually connect up your stethoscope . And but we decided that paying for this every month and every year buying a license for it was expensive , we couldn't go down the expensive route so we had to abandon that idea from doing it that way .

Some of our visitors come and you can see on the screen that they like the idea of doing it in the library and not having to take them all the way to Flagstaff for an appointment . Which meant that they

would lose a day , lose their hourly wage .

And spend on day care for their children , as well .

Next slide, please .

This shows you how -- it was really -- it was a really hot day and a breezy day and we did it outdoors without tents . That was a big mistake . Lessons learned not to do it that way again .

And we had to go running after finding rocks to hold our flyers and papers down .

We also did -- we in partnership with another healthcare facility offered them little hygiene kits , a toothbrush and maybe -- wipes and things like that in a little -- you can see it in the packet that's on the second slide on the top .

We also had Dr. Shay , who was from the U of A School of Nursing . And she with another doctor on the other side demonstrated how this works . And we had -- you can see she's standing up there she also runs Southwest telehealth Resource Center demonstrating how this works . Having pretend patient that was me sitting there . Talking to the doctor and taking my blood pressure . We also had a camera that could be lifted off the stand so if I had swollen ankles or something I could just take it and show the picture and over Zoom the doctor would see it so those are some of the lessons that we learned from doing the first couple of pilot projects .

Next slide, please .

Just a few more slides and I'll be done . The future is here . The resources that we demonstrated as well as the lessons learned are on the slide . We talked about the importance of partnerships and whatever partnerships you can have that helps in promoting this service .

We wanted to raise awareness about the existence of these services in the library . But we didn't want to stop right there .

We continue in these libraries to offer health -related programming like telehealth Tuesday s or telehealth Thursday s . You know , where once a month a couple of times a month , they would offer health -related events . Maybe have a screening for a doctor come in and talk to parents about speech therapy . Someone to do yoga classes . It could be anything .

You could be as creative as you want .

But at that time talk to them , also , about the existence of this . And that they could do a telehealth appointment with their doctors from the library .

So of course a healthier community . As Dr. Dana said , you know , it is important . And when we do preventive care , that is even more important .

Next slide, please .

What next ? We are talking -- we were talking about sustainability . I mentioned that we should continue doing these programming , continue building the partnerships and conduct more and more outreach so that people know that this service exist s . And we can spread it to more of our libraries .

Next slide, please .

We're also working on training telehealth navigators as you can see Dr. Shay there and a bunch of nurse s , nursing students , on handling patients in real life when they go to the library . That's when they are actually working with patients with real live patients with a mentor of course we don't do it without the mentor there .

And planning all this in partnership with the Health Science s was key to what we were doing to sustain it .

Next slide, please .

As collateral benefit , we had -- we did a preventive care liver cancer screening among the tribes in Navajo Nation because we had this equipment , because our libraries had the internet access , good broadband coverage , what we did was with an N I H grant , N A U Health Science s had a grant from them for liver cancer screening equipment . And they decided to do this study with the Navajo Nation folks . Because Navajo Nation technically has the highest rate of liver cancer in the entire country .

So they decided to do a preventive screening in Navajo Nation . So we had two or three different tables set up . One where they could actually do their vitals and then another table where they would do the health screening . Of course here we haven't put up the screen so we could see exactly how the room looked .

But we had screens that blocked off the place where they were doing the liver scanning .

We had another table where they would talk to them about what were good readings what were not so good readings and the need to see a -- they need to see a P C P if they had any indication s of -- early indication s of cancer , liver cancer .

We also talked to them about nutrition and healthcare and all of the other things since we had a captive audience there .

We plan to do it for about 20 people , there were more than 1 00 that signed up and it was a roaring success , we had to do it for two days to capture all of the people , to help all of the people who signed up for this .

And just last couple of slides , next slide, please .

Was how are we going to get affordable broadband to the home so people can actually do telehealth from home .

We do have a lot of funding available now through the A C P program . Which has been so heavily subscribed that we're going to run out of money by the First Quarter of 2024 .

So there has been discussions at the national level about continuing A C P and continuing the funding to support people having low cost internet , affordable internet at home .

Next slide, please .

There are several of the funds I won't go into details about this one .

And the next slide , too , can we go to the next slide, please ? Those -- the two slides that I just showed have all of the available for broadband to connect the rural communities so they can have telehealth appointments from -- they are able to do it in most rural of places available . And we're planning to expand the service to all

of our libraries slowly .

Last slide .

Thank you .

And if you have any questions for all all three of us I think now , we should be ready to take them .

>> ELIZABETH KRUPINSKI: Excellent thanks to the three of you those were all very wonderful presentations with a lot of really great information . And commend you on all the progress that you've made and programs that you've offered . It's just amazing .

So one question that came up is a lot of what you talked about all three of you were the funds available for example for the broadband to the libraries specifically to do renovations and so on .

But what about on the provider side ? Is this something that this is just another distant site and it's purely reimburse able when they provide their services ? Or do you have to find alternative sources of funding for the providers to be able to provide care ? Or is this all volunteer ?

>> GEORGE STRAWLEY: If I could jump in on that one , yeah , it's mostly the provider .

The library -- and it's important to note this . Is the library is not providing the healthcare .

The library is providing the access to the healthcare . The connection .

So libraries costs is generally focused on the broadband . Providing the staff support , things like that .

The healthcare is funded through the same way that any other healthcare visit would be funded , whether it's through insurance or through community clinic or something like that .

And it's important to make sure that the patron /patient knows that this is where the funding is coming from . So that they don't -- so they know this they are going to have to pay their co-pay for the visit . Things like that . Yeah . That's the important thing to remember is the library is providing the connection , not the healthcare itself .

>> ELIZABETH KRUPINSKI: So in a sense do you have to actively recruit the providers in any way or the patient just comes with , here , this is the link that I'm supposed to connect up to ?

>> GEORGE STRAWLEY: It's good to have the healthcare organization as a professor . I've found that the best responses have been from libraries that have healthcare partners lined up , then they get the best responses from the general public . I'm sorry ; does anybody else want to jump in on that .

>> MALA MURALIDHARAN: No I think some of these services are billable especially those services that involve a telehealth navigator educating the people .

So some of those services are billable .

But otherwise , you're right , George , it is mainly the patient and their insurance that covers the telehealth visit .

And in many cases , it is that the link that they come with . And they reserve . They call and say , we have a telehealth appointment

with our doctor at 11:00 o'clock on Tuesday morning . And can you -- can we book the room ? Then we go ahead and book the space for them and they do -- it hasn't been that busy .

So if you know if there were three people that showed up at the same time what happens then ? You know , we haven't had that situation . But I think it -- if possible it would be the first come, first served . And libraries have many meeting rooms . And this just requires a laptop and Zoom connection . So they could do it in any meeting space .

And we also provided provided libraries with multiple sets of the health kits . They are not really that expensive . Except for the stethoscope . Which is the most expensive piece of equipment . The weigh scale , the thermometer , the pulse ox and you know the blood pressure cuffs are not that expensive . We can support it with L S T A funding , that's what we did initially and with the C A R E s grant funding . Go ahead .

>> ELIZABETH KRUPINSKI: I was just going to kind of continue up . Are there specific requirements ? These are public libraries so they are county funded , state funded and so on . Before you start these programs , do you have to go to the county ? I mean the ones who are funding the libraries overall . And ask them permission to be able to do this ? Or are there any other legal requirements that you have to fulfill before you're able to open a room specifically for people to go into and do a telehealth visit ? Or is this just up to the local library whether they want to do this .

>> MALA MURALIDHARAN: I can take that if you want me to .

We applied for the L S T A grants the Library Services and Technology Act that the Institute of Museum and Library Services provides .

They provide the funding to the state library . Annual ly .

So that's a fixed amount that they give each library . And it's up to -- even each state library and it's up to each state library how they use it our state library uses some of it to buy diabetes for the whole -- data bases through the whole state but there's also a competitive part of the part of the grant so libraries can apply for this see if they can recruit the partners to support the services to sustain it and see if they are successful .

And any project requires a little bit of trial to see if it will work and if it goes to the community , if the community supports it in order to continue it . And once they see it's successful , then the library could , you know , divert some funding towards doing it .

It's not a very expensive service like I said . It's just the library has already internet connection that is being paid for through the E-Rate funding . And that's a recurring thing . Every year they apply for it . They get the money so that's not a problem . It's the equipment , once they buy it , it's the replacement cost of the equipment or the cleaning of the room and cleaning of the equipment that is absorbed by the law enforcement so that's not a problem . But your question about the consent forms and the paperwork that the libraries do when we did the first project at Pima County we had the

Legal Department actually work with us on this . Pima County 's Legal Department work with us for consent forms for the patient to sign . At that time we were using a stethoscope that connected through the laptop with the software -- through software . So we had to make sure that none of the patient information was stored on the laptop .

So again , that was something that we had to work with the I.T. Department at Pima County to ensure that the moment the patient signed off , the computer was back the way it was before they signed on . So all of that we took care of . And if anyone is interested , if they contact me , I will be able to share the consent forms and those kind of things .

>> ELIZABETH KRUPINSKI: How do all of you deal with the -- I guess these are healthcare visits .

So do you track utilization of the health devices ? The access points and so on in terms of specific names and so on ? Or is this considered HIPAA information .

>> GEORGE STRAWLEY: It's recommended by some people I've talked to that you don't track the names and identities . And you know with a lot of stuff already , libraries are not necessarily -- if you check out a book from a library and you return it , the record of you checking out that book disappears once you've returned the book .

And it's the same thing with providing the healthcare room , as well . And so that is definitely something that they are averse to .

>> MALA MURALIDHARAN: What we do Elizabeth is we have barcodes on the equipment . So we can actually track the number of times the equipment is used .

We don't track who uses it what we track is that the equipment is used .

>> ELIZABETH KRUPINSKI: Okay .

>> MALA MURALIDHARAN: If the equipment is loaned out or returned . And as George said , you know , until the loan is active , we keep the name . But once the loan -- once it's returned , we don't track who borrowed it . We just track how many times it gets used .

>> ELIZABETH KRUPINSKI: Right I've got two more questions and then we'll wrap up one is very quick . Any -- this is all great work in rural areas .

But do you know if programs -- of programs that are doing this in urban areas or suburban areas where people still have the same issues but people don't always think of urban as needing telemedicine so are libraries doing this as well .

>> MALA MURALIDHARAN: Pima County for us is in an urban area though the two rural libraries that we took up for the telemedicine program , the first pilot programs were very rural . But the main library itself is urban and they do the service , as well .

>> ELIZABETH KRUPINSKI: Dana , you were going to say something .

>> DANA ABBEY: Yeah , thanks , Elizabeth . So hey , Jan , Dana from Colorado here .

There are some libraries I think the Sheridan library that's the closer closest one I know to where you're at that's near the Arapaho Library District not super close to Highlands Ranch . But there are

libraries in larger urban areas one because they have the infrastructure , they have the space , they have parking . And they might also use that space for other things like signing up for insurance or other things not specifically just for telehealth .

But a lot of people still have the same issues that they might have in a rural area like maybe they need the privacy . Maybe they are in a setting where they don't feel safe having their medical appointment at home so they need -- maybe they are getting some mental health care or care of other kinds .

So they can go to the library . But yeah , so it's happening . One thing I've talked to the Colorado State Library about is trying to get a better idea of what libraries are offering in that area in the urban and the rural areas . So thanks for that reminder . It's a great question .

>> ELIZABETH KRUPINSKI: Then just finally presumably to avoid overbooking and stuff all the libraries use some sort of scheduling system where people have to schedule in advance .

>> Yes .

>> ELIZABETH KRUPINSKI: Perfect I would like to thank the three of you . This has been wonderful . It's been amazing information . And again , I commend all of you on the programs you're running . It's just awesome . Aria .

>> ARIA JAVIDAN: Thank you , Elizabeth just a reminder that our next webinar will be held on Thursday , January 18 th and that will be hosted by the center for -- Center for Connected Health Policy , registration information is on the NCTRC events page and lastly we do ask you take a few short minutes to complete the survey that will pop up at the conclusions of this webinar as your feedback is very valuable to us thank you again to Dana , George and Mala for their presentations today and thank you to the Southwest telehealth Resource Center for hosting today 's webinar , have a great day , everyone .

>> Thank you .

>> Thank you . .

>> OPERATOR: Recording stopped .