

DIGITAL PATHWAYS

Online **Health Literacy Programming** for Adults

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ABOUT THIS GUIDE

Over the past decade, more adults than ever have turned to the internet for health information. In July–December 2022, 58.5% of U.S. adults reported using the internet in the past 12 months to look for health or medical information. Enhancing adults’ online health literacy is crucial for enabling access to this vital area of the internet, reducing disparities in healthcare access, and fostering active engagement in personal health management.

Libraries can play a vital role in helping adults connect with reliable healthcare resources. They can also provide spaces and support for adults to access telehealth services. As libraries increasingly integrate technology into their services, they have become essential community hubs where patrons can access telehealth appointments and informational sessions. To help libraries serve in this capacity for their communities, the American Library Association (ALA) Public Programs Office, in collaboration with library thought leaders, has developed the Digital Pathways: Online Health Literacy Programming for Adults Programming Guide, a toolkit for library workers of ready-made programming ideas and resources that can be used to implement online health literacy programming for adults. This initiative has been made possible with support from UnitedHealthcare.

We welcome your feedback and questions at publicprograms@ala.org.

INTRODUCTION

Purpose and Scope

This guide equips public library workers with practical strategies to design, launch, and sustain online health literacy and telehealth-supportive programming for adult patrons. It emphasizes clear role boundaries, privacy-protective and ethical practice, equity, and feasible assessment so libraries can help adults access, evaluate, and use credible digital health information and services. Recent scholarship describes how public libraries function as health hubs within the social context of health literacy, documenting how spaces, collections, and staff connect community members to information, skills, and services that influence health outcomes (Asikin-Garmager et al., 2025). Grounded in peer-reviewed studies and field-tested toolkits, this guide translates evidence into clear, program-ready concepts that fit everyday public library contexts (Chiricuzio, 2022; DeGuzman et al., 2023; Hamann, Ward, & DeGuzman, 2024; Lenstra & Roberts, 2023).

Audience

This guide is written for public library workers who plan, deliver, or supervise adult programming, including programming librarians, branch managers, and outreach staff. It also anticipates use by collaborators such as public health departments, community health workers, adult education providers, and digital inclusion partners who align with library-led efforts. We reviewed a range of resources to compile best practices and considerations that provide libraries with a strong starting point for addressing community digital literacy needs. The tone, structure, and tools of this guide mirror exemplar programming guides so readers can copy, adapt, and scale with minimal friction in varied settings.

This guide is designed for adult patrons. Youth-facing telehealth and online health literacy initiatives often require different consent, supervision, and safeguarding practices, so libraries should develop youth-facing work in collaboration with youth services staff and follow local youth services policies. For age guidance when minors appear in shared spaces or request telehealth space, see Safety, Risk, and Incident Response. (link to p. 56)

Why Public Libraries Are Uniquely Positioned

Public libraries combine trusted spaces, free connectivity, and skilled information professionals, which together lower barriers for adults who need a private place, a reliable device, or assistance with online health resources and telehealth platforms. Libraries extend access after work hours, offer multilingual materials, and adapt instruction for local communities through partnerships that keep the library's non-clinical role

central. Emerging and established research points to libraries' effectiveness as community-level connectors to health information and services, particularly for adults who face digital access and navigation barriers (Asikin-Garmager et al., 2025; Lenstra & Roberts, 2023; DeGuzman et al., 2023; Gregg & McKendry, 2019).

Key Terms and Scope

Telehealth is used as an umbrella term for digitally mediated health services, such as video visits, secure messaging, remote monitoring, and asynchronous consults (HRSA, 2022). It includes both clinic-based platforms and patient-facing tools delivered through apps, portals, and web interfaces, which often require foundational digital skills. **Online health literacy** refers to the ability to find, understand, evaluate, and use health information and services available through digital technologies, including the skills to assess credibility, protect privacy, and act on information to meet personal goals.



Role of Library Workers

Library workers act as information professionals, not clinicians. Their responsibilities can include providing access to spaces, devices, and connectivity; guiding navigation through patient portals and telehealth platforms; and teaching digital skills that support safe and effective use of online health tools. Library workers refer patrons to licensed health professionals for medical questions or care decisions. Library workers do not interpret results or recommend treatments, and they do not collect or record patron-identifying personal health information in library systems.

Privacy, Ethics, and Legal Context

Public libraries should protect patron confidentiality and minimize data collection across all programs. Libraries are generally not HIPAA-covered entities, yet staff can apply privacy-by-design practices such as using private rooms or booths, encouraging headphones, avoiding storage of personal health details on library systems, and posting clear disclaimers about limits of assistance. Plain-language participation statements and consent cues help patrons understand services, while accessibility commitments (captioned videos, large-print handouts, and language access) are core to ethical delivery rather than add-ons (Hamann, Ward, & DeGuzman, 2024; Dalmer & Mitrovica, 2022).

Equity and Access

Disparities in device ownership, broadband, and digital skills shape who benefits from telehealth and online health information. Libraries mitigate these gaps by providing reservable private spaces, reliable connectivity, device-lending programs, and scaffolded skills instruction that meets learners where they are. Equity-minded design also addresses disability access, language access, and cultural responsiveness so that

programming serves diverse adult learners and caregivers with clarity and respect (Dalmer & Mitrovica, 2022; Van Dijk, 2006).

Misinformation and Online Health Literacy

Adults routinely encounter low-quality or misleading health content online, especially through search engines and social platforms. Library programs can build practical habits—checking dates and authorship, tracing claims to reputable sources, recognizing commercial or algorithmic bias, and knowing when to consult a clinician—so patrons become confident, discerning users of digital health information. Embedding these habits in workshops, pathfinders, and one-to-one support can strengthen patrons’ confidence and discernment when using digital health information (Chiricuzio, 2022; Lenstra & Roberts, 2023).



REFERENCES

- Asikin-Garmager, April, Brittany Thomas, Diana Brace, Katie Crowhurst, Hannah Sinemus, Nikita Karakis, Sofia Acosta Ramirez, Seonhee Han, and Lesley Bartlett. “Social Context for Health Literacy: Public Libraries as Health Hubs.” *Public Health* 247 (2025): 105869. doi.org/10.1016/j.puhe.2025.105869.
- Braveman, Paula. *The Social Determinants of Health and Health Disparities*. Oxford University Press, 2023.
- Chiricuzio, Stacey. “Public Libraries Tackle Telehealth Challenges.” *Library Journal*, February 8, 2022. libraryjournal.com/story/Public-Libraries-Tackle-Telehealth-Challenges.
- Dalmer, Nicole K., and Branka L. Mitrovica. “The Public Library as Social Infrastructure for Older Patrons: Exploring Implications of Online Library Programming for Older Adults during COVID-19.” *Library & Information Science Research* 44, no. 3 (2022): 101177. doi.org/10.1016/j.lisr.2022.101177.
- DeGuzman, Pearl B., Jenna L. Garth, Sanjay K., and Randall M. Compton. “Extending Health Care Access via Telemedicine in Public Libraries.” *Journal of the American Association of Nurse Practitioners* 35, no. 3 (2023): 208–215. doi.org/10.1097/JXX.0000000000000819.
- Gregg, Amber, and Valerie McKendry. “Encouraging Essential Skills: How Public Libraries Promote Technological Literacy in Rural Communities.” *Journal of New Librarianship* 4, no. 2 (2019): 476–504. doi.org/10.21173/newlibs/8/2.
- Hamann, Katie, Zach Ward, and Pearl B. DeGuzman. *Telehealth in Libraries: Preimplementation Workbook*. Version 4. Indiana Rural Health Association, 2024. indianaruralhealth.org/clientuploads/resources/Telehealth_in_Libraries_Workbook_v4_3.11.24.pdf.
- Health Resources and Services Administration. (2022, March). What is telehealth? hrsa.gov/telehealth/what-is-telehealth.
- Lenstra, Noah, and Jessica Roberts. “Public Libraries and Health Promotion Partnerships: Needs and Opportunities.” *Evidence Based Library and Information Practice* 18, no. 1 (2023): 76–99. doi.org/10.18438/eblip30250.
- Rosenstock, Irwin M. “Historical Origins of the Health Belief Model.” *Health Education Monographs* 2, no. 4 (1974): 328–335. doi.org/10.1177/109019817400200403.
- Sivanand, B., Herman, A., Teutsch, C., & Teutsch, S. (2017). Building health literacy and family engagement in head start communities: A case study. *NAM Perspectives*.
- Van Dijk, Jan A. G. M. “Digital Divide Research, Achievements and Shortcomings.” *Poetics* 34, nos. 4–5 (2006): 221–235. doi.org/10.1016/j.poetic.2006.05.004.
- Wang, X., & Cohen, R. A. (2023, October). Health Information Technology Use Among Adults: United States, July–December 2022 (NCHS Data Brief No. 482). National Center for Health Statistics. stacks.cdc.gov/view/cdc/133700.



SECTION I

UNDERSTANDING ONLINE HEALTH LITERACY AND TELEHEALTH

This section provides U.S.-focused, plain-language guidance to help public library staff support patrons' use of telehealth and online health resources. Libraries, as trusted community hubs, help bridge the digital divide by offering access to technology, reliable health resources, and guidance in navigating online information—making them essential partners in promoting informed, equitable healthcare in the digital age.

LOOKING FOR SOMETHING IN PARTICULAR?

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What Is Telehealth and Online Health Literacy?

Telehealth encompasses a broad and evolving array of healthcare services delivered remotely through the use of telecommunications and information technologies. It extends beyond simple phone

calls, leveraging tools such as video conferencing, secure messaging platforms, remote monitoring devices, and even mobile health applications to connect individuals with healthcare providers. This allows for virtual doctor visits, where individuals can consult with physicians from the comfort of their homes, as well as remote patient monitoring, which enables healthcare professionals to track vital signs and other health data from a distance. The overarching goal of telehealth is to improve access to care, particularly for individuals in rural or underserved areas, those with mobility challenges, or anyone seeking greater convenience in managing their health.

The proliferation of telehealth has been significantly accelerated by recent global events, demonstrating its potential to transform healthcare delivery. Beyond routine consultations, telehealth supports a wide range of medical specialties, including mental health counseling, dermatology, chronic disease management, and even physical therapy through guided exercises. Its benefits are numerous, including reducing travel time and costs for individuals, minimizing wait times, and potentially decreasing the burden on emergency departments for non-urgent issues. As technology continues to advance, telehealth is expected to become an even more integral component of the healthcare ecosystem, offering innovative solutions for delivering efficient, accessible, and patient-centered care.

AI and Health Literacy



Artificial intelligence (AI) holds significant promise for improving health literacy by making complex medical information more accessible, understandable, and personalized for patients. AI-powered tools can simplify medical jargon into plain language, cater communication to individual literacy levels, and provide 24/7 access to health-related answers, thereby helping users better understand diagnoses, treatment options, and self-management practices. However, the integration of AI also presents challenges, including the potential for generating inaccuracies or misinformation, and introducing concerns about data privacy, equity, and the need for users to develop AI literacy. Ultimately, maximizing AI's impact on health literacy requires a human-centered approach that prioritizes ethical guidelines, ensures transparency, and maintains the crucial oversight of healthcare professionals. For more information head to ALA's [AI Policy](#), which is being updated on an ongoing basis.

Defining Telehealth and Online Health Literacy

Telehealth encompasses the broad application of telecommunications and information technologies to deliver healthcare services remotely. It involves a wide range of services, including virtual doctor visits, remote

patient monitoring, digital health education, and the electronic transmission of medical data. By leveraging technologies like video conferencing, mobile apps, and secure online platforms, telehealth aims to improve access to care, enhance convenience for individuals, and potentially reduce healthcare costs, particularly for individuals in rural areas or those with mobility limitations.

Online health literacy, often referred to as eHealth literacy or digital health literacy, is a multifaceted construct that extends beyond simply accessing health information on the internet. It fundamentally refers to an individual's capacity to effectively locate, comprehend, critically evaluate, and ultimately apply health-related knowledge. This includes a diverse set of skills, ranging from the fundamental ability to navigate various online platforms, use search engines, navigate reliable and unreliable sources, to the more nuanced understanding of the potential biases or commercial interests that may influence online health content. In essence, it's about empowering individuals to be discerning consumers of digital health information. Specific skills include:

- **Search strategies**
- **Source evaluation**
- **Online navigation**
- **Awareness around privacy and security**
- **Identifying misinformation**
- **Knowing when and how to ask for help/support**

For public libraries, these skills translate into providing day-to-day support for patrons who use telehealth and online health resources. In an era where digital tools and platforms are becoming increasingly integral to healthcare delivery, strong online health literacy has become an indispensable skill for navigating the modern healthcare landscape. It is crucial for individuals to make well-informed decisions about their personal well-being, proactively manage chronic health conditions, and engage effectively with emerging telehealth services and other digital health technologies. Without adequate online health literacy, individuals may struggle to identify accurate medical advice, participate fully in remote consultations, or leverage the benefits offered by digital health applications, potentially leading to poorer health outcomes and increased health disparities.

Types of information, services, and applications

Web-based health information includes a vast and ever-growing body of health-related content accessible through the internet. This encompasses everything from official government health portals and reputable medical organization websites to online patient forums, personal blogs, social media discussions, and even commercial sites selling health products. While this widespread availability can empower individuals to become more informed and proactive about their health, the unregulated nature of much of the internet means the quality, accuracy, and reliability of



web-based health information can vary wildly, making critical evaluation a crucial skill for any online health seeker.

However, the unregulated nature of social media and online forums also presents considerable harm. Without proper context or critical evaluation skills, users are highly susceptible to misinformation and disinformation, which can range from anecdotal remedies with no scientific basis to outright dangerous health hoaxes. The “echo chamber” effect can reinforce existing biases, and the lack of professional oversight means that advice given by unqualified individuals can be readily accepted, potentially leading to delayed or inappropriate care. Furthermore, the constant exposure to curated “highlight reels” of others’ lives can contribute to negative mental health impacts such as anxiety, depression, and feelings of inadequacy. The emotional intensity of some forums can also create an environment where personal stories are mistaken for universal truths, overriding evidence-based medical advice.

Privacy and Security

Beyond access, privacy and security concerns are paramount. Individuals need assurance that their sensitive personal health information (PHI) shared during virtual consultations or stored on online platforms is protected from breaches, unauthorized access, and misuse. There are also concerns about how for-profit virtual care companies handle patient data, with some studies highlighting that patient data is sometimes viewed as a revenue stream, raising questions about explicit consent for commercial use. It is important to always be aware of who you are giving your data to, and be cautious about who you give your health information.



The Health Insurance Portability and Accountability Act (HIPAA) is a U.S. federal law designed to protect the privacy and security of individuals’ health information. HIPAA applies specifically to three categories of organizations known as “covered entities”: health plans, health care clearinghouses, and health care providers. HIPAA does not apply to all organizations that may handle health-related data; for example, employers, life insurance companies, mobile app developers, and public agencies like those administering social security benefits are not regulated under HIPAA unless they meet the criteria of a covered entity or business associate. Libraries are generally not HIPAA-covered entities; however, avoid collecting and storing patron’s personal health information and follow applicable policy/law.

To address some privacy and security concerns, public libraries are inherently trusted institutions committed to user confidentiality. When assisting patrons with online health activities, librarians emphasize the importance of secure connections and educate users on best practices for protecting their personal health information. Libraries should avoid collecting and storing personal health information and minimize any records to operational essentials. Librarians can offer private spaces, such as enclosed study rooms or dedicated telehealth booths, where patrons can conduct sensitive virtual appointments without fear of being overheard. Librarians also play a vital role in educating the public about data privacy policies on online platforms,

helping them understand what information is being collected and how it might be used by third-party virtual care providers. By creating a secure physical and educational environment, libraries contribute significantly to building trust in online healthcare, mitigating the risks associated with data privacy in a complex and evolving digital landscape, and empowering individuals to protect their own health information.

Some key ways libraries can support navigating privacy and security around Telehealth include:

- Provide secure internet access
- Offer digital literacy training
- Promote trusted health resources
- Educate on data privacy rights
- Create private spaces for telehealth
- Display reminders about computer logout practices



Misinformation

The pervasive spread of misinformation poses a significant challenge to public health, particularly in the digital age, where information—both accurate and false—travels at unprecedented speeds. Misinformation, defined as false or inaccurate information, regardless of intent, directly undermines health literacy by making it exponentially harder for individuals to discern reliable sources and make informed health decisions. When people struggle to distinguish between evidence-based facts and unsubstantiated claims, it can lead to dangerous health behaviors, vaccine hesitancy, reliance on ineffective or harmful remedies, and a general erosion of trust in credible health authorities and medical professionals. This “infodemic” not only impacts individual health outcomes but can also hinder collective public health efforts, as seen during the COVID-19 pandemic, where widespread misinformation contributed to preventable illness and death.

To counteract the detrimental effects of misinformation, cultivating robust health literacy skills is more crucial than ever. This involves not just the ability to find and understand health information, but critically, the capacity to evaluate its credibility, identify biases, and recognize the tactics used to spread falsehoods. Strategies to enhance health literacy in the face of misinformation include promoting critical thinking, teaching source evaluation skills, encouraging skepticism towards emotionally charged content, and fostering media literacy. Empowering individuals to question, cross-reference, and seek out diverse, reputable sources of health information is a vital defense against the deluge of misleading content, enabling them to make health choices grounded in scientific evidence rather than rumor or anecdote.

Public libraries are at the forefront of combating online health misinformation by actively equipping communities with the essential skills to navigate the complex digital information landscape. Beyond simply providing access to reliable internet and devices, librarians leverage their expertise in information literacy to teach patrons how to critically evaluate online sources, identify common red flags of misinformation (such

as sensational headlines or anonymous authors), and distinguish between scientific evidence and anecdotal claims. By facilitating workshops and creating educational resources that guide individuals to reputable health organizations, academic institutions, and government health portals, libraries effectively steer individuals away from misleading or dangerous content found on social media and unverified websites. By fostering a culture of informed skepticism and empowering individuals to become proactive, discerning consumers of health information, libraries serve as crucial bulwarks against the “infodemic,” safeguarding public health one search query at a time.

Public libraries’ role in communities can help combat health-focused misinformation by providing experts, not in health, but in identifying reliable sources, fostering community engagement, and promoting ongoing learning. For example:

- **Teach critical evaluation skills:** Librarians can guide patrons in assessing the credibility of online health sources, including spotting sensational language, what makes a website helpful or harmful, and better understanding concerns.
- **Curate reliable health resources:** Libraries can maintain collections of vetted health websites, databases, and publications, helping users access accurate and evidence-based information.
- **Host educational programs:** Workshops and seminars on topics like “Digital Literacy for Health Access” ([page 41](#)) or “Navigating Benefits Portals” ([page 43](#)) can empower community members around their health.
- **Collaborate with health professionals:** Partnering with local healthcare providers or public health agencies allows libraries to offer expert-led sessions and distribute trustworthy health materials.

Public libraries play a vital role in combating misinformation by providing free access to credible, well-curated sources of information. Through collections of books, academic journals, newspapers, and digital databases, libraries offer materials that have been reviewed and vetted by professionals. Librarians themselves are trained to help patrons evaluate sources critically, distinguish between fact and opinion, and navigate complex topics with reliable guidance. Additionally, libraries often host educational programs and workshops that promote media literacy and critical thinking. In an era of information overload and rapid advancements in how information is created, shared, and disseminated, libraries provide support in empowering communities to make informed decisions.



Common Patron Scenarios with Sample Language



The two scenarios below show how to apply the practices in routine interactions. Step-by-step lessons appear in [Section II—Equipping Adults with Skills for Telehealth and Online Health Literacy](#).

“Is this website reliable about my symptoms?”

Do: Open a vetted starting point together. Conduct a quick credibility check—author, date, references, and purpose—and compare the findings with the page the patron brought.

Say: “Let’s start with a trusted summary and see what sources it cites. Then, we’ll compare those details to the page you found so you can decide what to bring to your provider.”

“I have a video visit and need a quiet space.”

Do: Reserve a private room or booth, provide a headset, and run a quick microphone and camera test. Show how to turn on captions and reduce on-screen notifications.

Say: “I can help with the technology and privacy settings, so your visit starts smoothly. I cannot join your medical conversation. If you want, we can do a ten-minute tech check right now.”

Resources

Telehealth & Online Health literacy

- Telehealth trainings for library workers (e.g., [NNLM eCourse](#))
- Online health literacy trainings for library workers (e.g., [PLA webinars](#))
- [Telehealth.HHS.gov](https://www.hhs.gov/telehealth)
- CDC [Summary on eHealth Literacy](#)
- [eHealth Literacy Workshops in the Community](#) going through a clinical trial

HIPAA Resources

- US Department of Health and Human Services [Summary of HIPAA](#)
- NIH [Health Insurance Portability and Accountability Act \(HIPAA\) Compliance](#)
- HIPAA Journal explanation: hipaajournal.com/hipaa-explained

Misinformation Support

- apa.org/topics/journalism-facts/misinformation-disinformation
- factcheck.org
- politifact.com
- snopes.com

Public Library Context for Online Health Information



Patrons encounter many kinds of online health content, including low-quality or misleading sources. This subsection shows how to turn that landscape into day-to-day service in a public library while keeping the library’s nonclinical role clear. The practices, scenarios, and pointers help you guide patrons, protect privacy, and find the tools you may need next.

Everyday Practices

Use the following practices during desk-side support and routine instruction:

Start with vetted sources. Begin with noncommercial, evidence-based sites such as MedlinePlus.gov and Telehealth.HHS.gov—see the Resource Table for current links—before widening a search on the open web. Explain why these sources are reliable (authorship, references, regular updates), and then compare their content with the webpages a patron brings in.

Maintain a local pathfinder. Keep a short, plain-language pathfinder—both print and online—that mirrors frequent desk questions (e.g., “Where do I start for medications?”). Add a “Last Updated” date, and review links on a regular schedule.

Keep the nonclinical role explicit. Library workers assist with devices, connectivity, navigation, credibility checks, and privacy settings; library workers do not interpret test results, recommend treatments, or provide medical advice. See Section III’s Role Boundaries and Standard Language ([page 25](#)) for exact wording.

Normalize quick credibility checks. Look for authorship and credentials, the date of last update, references that point to underlying evidence, and the site’s purpose. When patrons begin with Wikipedia or social media, show how to follow citations and verify claims using authoritative sources and the fact-checking tools listed in the Resource Table.

Emphasize privacy on shared devices. Use guest or Incognito mode, avoid saving passwords, clear downloads and the print queue, sign out of portals and email, and avoid entering personal health information in library systems. See the Privacy and Security subsection for more tips.

Design for equity. Offer large-print and screen-reader-friendly handouts, language access, and clear invitations to bring a caregiver or interpreter when helpful. Keep loaner headsets and a basic device kit available for telehealth preparation. Address common barriers such as connectivity, language, disability access, and time constraints.

Build warm referrals. When needs extend beyond the library’s scope, connect patrons to community partners such as public health departments, community health workers, or benefits or digital navigators. These are trained, trusted personnel who provide personalized, ongoing support to help individuals access and use digital tools, and facilitate digital health adoption, including telehealth and remote monitoring. Partners can also provide guidance on health literacy for youth. Use the Standard Role Script during the handoff. See Section III—Building Partnerships ([page 30](#)) for steps and templates. Working with children and families in support of health literacy efforts often requires such partnerships to help appropriately guide efforts.

 **Design note:** See the *How to Join a Telehealth Visit* handout ([page 66](#)), a list of useful reminders for patrons, that you can post in telehealth rooms and during pop-ups.

Where to Find Related Tools

Use these pointers to locate detailed tools and templates:

- **Space, Scripts, and Standards:** Section III—Telehealth Access Point (TAP) Essentials and Standard Role Script (setup checklists, signage, and exact wording), [page 27](#).
- **Skills, Handouts, and Walkthroughs:** Section II—Equipping Adults with Skills (step-by-step lessons, learner handouts, and scam-recognition activities), [page 15](#).
- **Programs You Can Run:** Section IV— Online Health Literacy and Telehealth Programming in Practice (replicable formats such as *Spotting Health Misinformation Online*, *Telehealth Open Hours*, and *Digital Literacy for Health Access*), [page 35](#).



SECTION II

EQUIPPING ADULTS WITH SKILLS FOR TELEHEALTH AND ONLINE HEALTH LITERACY

Section II outlines key strategies for engaging adult learners in expanding their capacity to navigate health information and participate in telehealth services.

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Digital Literacy Needs



Importance of Digital Skills for Accessing Telehealth and Health Information

Navigating today’s healthcare system often starts with a screen. Checking lab results, attending a virtual doctor’s appointment, or even re-newing prescriptions online all depend on digital literacy. Adults need to feel comfortable with everyday tools like smartphones, email, video conferencing platforms, and secure patient portals such as MyChart.

Digital literacy also includes knowing how to protect personal information. Understanding online privacy settings, recognizing secure websites, and creating strong passwords are just as important as learning how to log into a video call. Without these foundational skills, people risk being left behind in today’s healthcare system.

Lack of digital skills can lead to missed appointments, confusion about treatment plans, or reliance on unreliable sources of information. By helping adults gain confidence in using technology, libraries and library workers empower them to take control of their health and access care in new ways.

Identifying Barriers and Challenges for Adults

Adults face many different challenges when learning digital skills, and these barriers often intersect. Some common ones include:

- **Usability, or decontextualized technology:** Certain individuals have a hard time understanding what is needed, and how it works together.
- **Security:** Skepticism around how their data will be used, kept safe, or manipulated.
- **Limited access to technology:** Not everyone owns a computer, smartphone, or reliable internet connection.
- **Fear and intimidation:** Many adults worry they will “break” the technology or embarrass themselves.
- **Physical challenges:** Poor eyesight, arthritis, or limited hand mobility can make small keyboards or touchscreens frustrating.
- **Cognitive or memory difficulties:** Learning new platforms can feel overwhelming for people with memory loss or slower processing speeds.
- **Language barriers:** Non-English speakers or those with limited literacy may struggle with text-heavy instructions.

From observed experience with patrons, often the greatest of these challenges is **fear**—fear of failure, of clicking the wrong button, or of not keeping up with others. Recognizing and addressing these challenges allows us to design programs that are supportive, patient, and accessible to all.

Best Practices for Teaching Digital Literacy to Adults

Teaching adults requires a different approach than teaching children or teens. Adults often learn best when training feels practical, respectful, and directly connected to their daily needs.

Start where they are: Assess what learners already know and build on those strengths.

Keep it simple: Avoid jargon and explain terms clearly. For example, instead of “multi-factor authentication,” say “a second way to prove it’s you, like a text code.”

Use hands-on practice: Adults retain more when they try it themselves—logging into a portal, sending a message, or making a mock video call.

Offer multiple formats: Create written guides, visual aids from screenshots, captioned videos, large-print handouts, screen-reader-friendly PDFs and translated materials in regional language. Step-by-step instructions work especially well.

Encourage repetition and review: Skills stick better when people can practice several times in a safe environment.

Be patient and supportive: Building trust is key. Celebrate small wins, such as successfully sending an email or joining a test video call.

Use real-world examples designed around actual needs such as:

- Refilling a prescription online
- Logging into a patient portal
- Sending a message to a healthcare provider
- Scheduling an appointment
- Viewing lab results

After each hands-on task, add a one-line, first-person confidence check, such as “I can log in to my patient portal and send a message to my care team on my own.” This check helps the patron confirm successful completion and gives staff quick, consistent feedback. For program evaluation, pair responses with [PLA’s Project Outcome](#) (Health and Digital Learning Survey Sets).



Resources for Teaching Digital Literacy Skills to Adults

These are all free tools for users but some may require logins to track progress. Many are self-paced, but some offer live instruction at scheduled times:

- **DigitalLearn.org (PLA)** — Short, free modules on using computers, browsing the internet, and online safety.
- **GCF (Goodwill Community Foundation) Global** — Hundreds of video tutorials on computer basics, Microsoft Office, and internet skills.
- **Cyber-Seniors.org** — Connects older adults with younger volunteers for one-on-one digital mentoring.
- **Tech Life Unity** — step-by-step guides on popular websites and apps, including health-related ones.
- **SeniorPlanet.org (OATS from AARP)** — Affords older adults the opportunity to engage with a dynamic mix of offerings of live health and wellness lectures and workshops that are participant driven.

Libraries can create curated packets of these resources, blending online and print materials so learners can practice at home and return for guided help. For related guidance, see the [Understanding Online Health Literacy and Telehealth](#), [Best Practices for Telehealth Access Points in Public Libraries](#), and [Online Health Literacy and Telehealth Programming in Practice](#) sections in this guide.

Navigating Telehealth and Online Health Information



Identifying Reliable Health Resources

With so much information online, it's easy to stumble across misleading or harmful advice. Adults need strategies to evaluate health information for accuracy and trustworthiness.

Encourage them to start with **trusted sources** such as:

- Academic, Hospital, Medical Associations, or Government sources
- Reputable nonprofits like Mayo Clinic, MedlinePlus, or Cleveland Clinic

Encourage them to avoid:

- Forums or commercial sites unless verified

Teach simple credibility checks. Encourage learners to look for “About Us” pages, check the date of publication, and confirm whether the information is reviewed by medical professionals.

Strategies to Recognize and Avoid Online Health Scams

Online scams often prey on health concerns, promising miracle cures or secret remedies. Warning signs include:

- Miracle cures or one-size-fits-all advice
- Emotional language and clickbait headlines
- Urgency tactics (“Act now!” or “Limited time only”)
- Requests for sensitive information (credit cards, Social Security numbers)

Encourage adults to pause before clicking links, double-check web addresses, and call their provider directly if something seems suspicious.

Types of Telehealth and How to Access Them

These are just a few types of telehealth services for specific patient needs:

- Behavioral health care
- Dentistry
- Pharmacy
- Dermatology
- Monitoring of chronic conditions (diabetes, heart failure)
- Post-surgery care

Telehealth visits can be accessed in various mediums:

- **Live video visits** (Zoom for Healthcare, Doxy.me)
- **Phone consultations** for simple follow-ups
- **Remote monitoring** (devices sending blood pressure or glucose readings to a provider)
- **Messaging and photo uploads** through patient portals

Helping adults understand these different options empowers them to choose the type of telehealth that works best for their situation.

Common Telehealth Platforms and Applications

Digital telehealth platforms and applications provide virtual services that connect patients to their providers through video calls, messaging and remote patient monitoring. Specific platforms and applications are determined by the health provider, and some healthcare organizations may have their own patient portal. Patients can access these through the provider’s website or by downloading an app. A library worker can help a patron identify what to use for an appointment by assisting them with checking their email or by helping them call their provider’s office or health insurance. The patron should talk to their provider directly.



Some insurance plans have a telehealth benefit that use a provider-based platform or a partnering service that is separate from where patients access their primary care. Below are a few types of platforms.

- **Personal health record apps** allow patients to view results, request refills, and message providers
- **On-demand care providers** offer 24/7 access to doctors for common health concerns
- **HIPAA-compliant apps** for video and voice calls

Libraries can create simple picture-based guides showing how to log in, check video and audio, and join an appointment.

Tips and Best Practices for Educating Adults

- **Simulate the experience:** Run mock visits so learners practice adjusting cameras, muting/unmuting, and speaking with a “provider.”
- **Provide printed checklists:** Use large print, screenshots, and step-by-step guides.
- **Encourage preparation:** Make a list of questions, gather medications, and choose a quiet spot before a visit.
- **Discuss privacy:** Remind adults about privacy basics (e.g., do not share passwords, sign out, use headphones, verify the correct site or portal, and follow provider instructions). Refer back to Section I for HIPAA definitions and applicability.

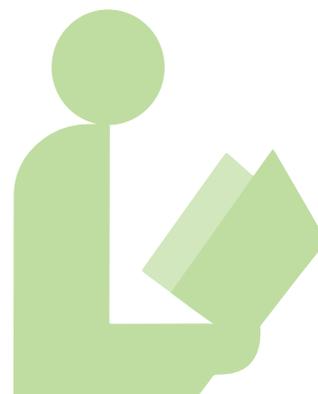
Library Resources for Health Information

Curating Trustworthy Health Information

Libraries can be the bridge between confusing online searches and reliable health education. Practical steps include:

- Create step-by-step guides for registering on healthcare portals and scheduling virtual appointments. See these related handouts for guidance: Tech-Check Script ([page 74](#)) or Portal Quick Keys and Language Toggles: a Quick Reference for Online Portals, Forms, and Accounts ([page 77](#)).
- Host “Ask a Librarian” sessions for one-on-one help with portals and databases.
- Partner with local clinics or invite guest healthcare speakers.
- Provide multilingual support resources to ensure non-English speakers can access accurate health information and telehealth services.

These efforts show the library as a safe, neutral space where people can learn without judgment.



Access to Databases, Websites, and Digital Tools

Libraries can provide access to high-quality databases such as:

- **Consumer Health Complete (EBSCO)** — Easy-to-read, general health information
- **Health Source: Consumer Edition** — Full-text health magazines and journals
- **MedlinePlus** — Multilingual, patient-friendly health content
- **NIH & WHO websites** — Authoritative research and global updates



Aim to maintain a regularly updated list of trusted health websites, apps, and digital tools, aligned with reputable public health and clinical information sources. Beyond resources, many libraries lend out devices like tablets or Wi-Fi hotspots so patrons can get online at home. Lastly, provide printing and scanning support to help people submit documents or access medical records.

Benefits of Supporting Adults Learning How to Access Healthcare Remotely

Accessing healthcare remotely through online clinicians, health information, and medical appointments offers a multitude of benefits for patients, providers, and the healthcare system as a whole. While online healthcare offers significant advantages, it also presents a unique set of challenges that need to be addressed for its widespread and equitable implementation.

Public libraries serve as critical community anchors in bridging the digital divide, offering tangible solutions to the technological and literacy barriers hindering online healthcare access. Benefits include:

For Patients:

- Easier access to care, especially for those in rural or underserved areas.
- Saves time and money by reducing travel and waiting room time.
- Increases privacy and comfort, especially for sensitive health issues.
- Reduces exposure to illnesses in clinical settings.
- Empowers patients to manage their health through online portals and remote monitoring.

For Healthcare Providers & Systems:

- Reduces strain on emergency services.
- Expands reach to more patients and specialists.
- Improves continuity of care and efficiency.
- Lowers overhead costs for clinics.
- Enables faster scheduling for non-emergency issues.

As telehealth continues to advance, embracing digital tools and literacy is vital for both patients and providers to maximize health outcomes. By staying informed and utilizing available resources, we can foster a more accessible, efficient, and equitable healthcare system for all.

Creating a Telehealth Space in Your Library

Creating a telehealth space in your library helps bridge the digital divide and ensures equitable access to healthcare services, especially in rural areas.

Basic Equipment

- A room with a closed-door option, for privacy
- Computer or tablet with camera and microphone
- Headphones for privacy (Recommend non-Bluetooth for ease of connectivity)
- Comfortable seating and table
- Power outlets and charging stations
- Sanitizing supplies for cleaning between uses



Privacy Considerations

Ensure the space is quiet and private. Use soundproofing materials if possible and provide signage to indicate when the room is in use. Offer headphones and encourage patrons to use them during sessions. Follow library privacy policies and partner guidance. Do not record or monitor sessions, and do not collect or store personal health information. For HIPAA applicability and definitions, see “Understanding Online Health Literacy and Telehealth.”

Internet Requirements

Reliable high-speed internet is essential for telehealth. Aim for stable broadband, and test your connection with the platform; higher speeds improve reliability. Consider audio-only as a backup option when video is not feasible. Use wired connections when possible to ensure stability. Test the connection regularly and provide support for troubleshooting.

Community Benefits

Telehealth spaces in libraries improve access to healthcare, reduce travel time and costs, and support underserved populations.

For related guidance, see the [Understanding Online Health Literacy and Telehealth](#), [Best Practices for Telehealth Access Points in Public Libraries](#), and [Online Health Literacy and Telehealth Programming in Practice](#) sections of this guide for full guidance on booth setup, privacy standards, and partnerships.

REFERENCES

- Campanozzi, L. L., Filippo Gibelli, Paolo Bailo, Giulio Nittari, Ascanio Sirignano, and Giovanna Ricci. “The Role of Digital Literacy in Achieving Health Equity in the Third Millennium Society: A Literature Review.” *Frontiers in Public Health* 11 (2023). doi.org/10.3389/fpubh.2023.1109323.
- Centers for Medicare & Medicaid Services. *Telehealth for Providers: What You Need to Know*. Publication #12121. U.S. Department of Health and Human Services, 2024. cms.gov/files/document/telehealth-toolkit-providers.pdf.
- Fitzpatrick, Patrick J. “Improving Health Literacy Using the Power of Digital Communications to Achieve Better Health Outcomes for Patients and Practitioners.” *Frontiers in Public Health* 5 (2023). doi.org/10.3389/fdgth.2023.1264780.
- National Institute on Aging. “How To Find Reliable Health Information Online.” U.S. National Institutes of Health, January 12, 2023. nia.nih.gov/health/healthy-aging/how-find-reliable-health-information-online.
- Barbara Bush Foundation for Family Literacy & Digital Promise. *Promoting Digital Literacy for Adult Learners: A Resource Guide*. 2022. ecala.org/wp-content/uploads/2022/06/Promoting-Digital-Literacy-for-Adult-Learners-A-Resource-Guide-April-2022.pdf.
- Rangachari, Pavani, Khadija Al Arkoubi, and Rajaa Shindi. “A Multi-Level Framework for Advancing Digital Health Equity in Learning Health Systems: Aligning Practice and Theory with the Quintuple Aim.” *International Journal for Equity in Health* 24, no. 1 (2025): 253. doi.org/10.1186/s12939-025-02663-4.
- Texas Department of State Health Services. *Library Resources and Bibliographies*. n.d. dshs.texas.gov/library-information-science-program/medical-and-research-library/library-resources-references.
- The Literacy Information and Communication System (LINCS). “Digital Literacy: Annotated Instructional Resources and References.” U.S. Department of Education, September 2019. lincs.ed.gov/sites/default/files/DigitLit-AnnoInstrucRes-Ref-508.pdf.
- U.S. Department of Health and Human Services. “Getting Started with Telehealth.” July 29, 2025. telehealth.hhs.gov/providers/getting-started.
- U.S. Department of Health and Human Services. “Best Practice Guides: Telehealth.” n.d. telehealth.hhs.gov/providers/best-practice-guides.
- U.S. National Library of Medicine. “Evaluating Health Information.” *MedlinePlus*. n.d. medlineplus.gov/evaluatinghealthinformation.html.
- Washington, Nicole, DO, MPH. “How to Determine If Health Information Online Is Trustworthy.” *Healthline*, June 23, 2025. healthline.com/health/what-is-the-most-reliable-source-of-health-information.





SECTION III

BEST PRACTICES FOR TELEHEALTH ACCESS POINTS IN PUBLIC LIBRARIES

This section identifies the core practices that make a local plan for telehealth access points and online health literacy support inclusive, safe, and workable in public libraries. Section I defines key terms and context. Section II provides step-by-step skills for supporting adults. Section IV applies these practices in ready-to-run program models with budget tiers and assessment prompts. Use this section to set policy, prepare staff, design spaces and workflows, and build partnerships that define library roles while expanding community access to care.

LOOKING FOR SOMETHING IN PARTICULAR?

Terminology and role boundaries INTRODUCTION

HIPAA applicability and misinformation definitions SECTION I

Privacy by design, staffing models, space planning, workflow, and outreach SECTIONS III AND IV

Step-by-step curricula, micro-lessons, and printable handouts that staff can reuse SECTIONS II AND IV

How to Use This Section

1. Skim **Guiding Principles** and **Role Boundaries** with your leadership team.
2. Complete the **Planning Checklist** before you purchase equipment or announce services.
3. Configure spaces using **Telehealth Access Point (TAP) Essentials** and **Technology Standards**.
4. Train staff with **Scripts**, **Emergency Procedures**, and the **Privacy by Design** practices.
5. Launch with **Inclusive Outreach**, track results using **Light-Lift Evaluation**, and adjust.



Guiding Principles

- **Privacy by Design.** Build privacy into space, technology, signage, workflows, and training.
- **Role Clarity.** Library workers provide technology and information navigation, not clinical advice.
- **Equity and Inclusion.** Plan with, not for, the community; remove language, disability, and connectivity barriers.
- **Safety First.** Prepare staff for incidents and emergencies; document and learn from each event.
- **Plain Language.** Replace jargon with clear words and step-by-step instructions.
- **Accessibility.** Offer captioning, large-print materials, screen-reader support, and language access.
- **Data Minimization.** Collect only what you need to operate and improve the service; avoid storing personal health information in library systems.
- **Continuous Improvement.** Start small, measure, adjust, and scale what works.

 **Design note:** Use on the first page of your local plan or post in staff areas.

Role Boundaries and Standard Language

What Library Workers Do

Provide access to spaces, devices, and connectivity; support navigation and digital skills; help patrons find and evaluate trusted information; refer patrons to licensed professionals for clinical questions.

What Library Workers Do Not Do

Provide medical advice; interpret test results or clinical records; handle insurance determinations; document personal health information in library systems.

Standard Script (for signage, handouts, and lanyard cards)

“Library workers support technology and information navigation. We do not provide medical advice or interpret results. You enter your own usernames and passwords, and we do not store your personal health information. For clinical questions, contact your health care provider or call emergency services if needed.”

 **Design note:** Place the script on a small, branded “What Staff Can and Cannot Do” card and on door signage for private rooms.

Planning Checklist

 **Design note:** This checklist is also provided as a downloadable handout from the Handouts section of the [Digital Pathways website](#). We recommend completing it before the launch of a program.



The Planning Checklist is a comprehensive document divided into several sections: Community and Stakeholder Scan, Policy and Governance, Space and Technology Plan, Staffing and Training Plan, Inclusive Outreach Plan, and Light-Lift Evaluation Plan. Each section contains a list of tasks with checkboxes, such as 'Identify who will benefit most (e.g., older adults, caregivers, rural patrons, new Americans)' and 'Approve a telehealth and online health literacy policy that covers role boundaries, space use, privacy practices, photography rules, incident reporting, and vendor management'. The form also includes a footer with logos for Digital Pathways, ALA, and the National Library of Medicine.

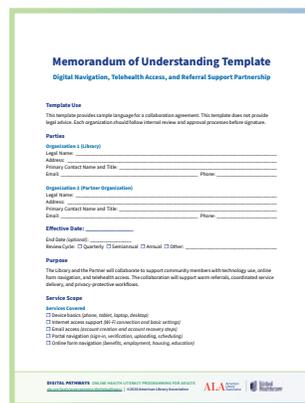
Planning Checklist (page 72)

Community and Stakeholder Scan

- Identify who will benefit most (e.g., older adults, caregivers, rural patrons, new Americans).
- Convene three to five advisors from community health organizations, adult education, disability services, and trusted local leaders.
- Select one or two realistic early use cases (e.g., “video visit space and tech-check support” or “portal sign-up help”).

Policy and Governance

- Approve a **telehealth and online health literacy policy** that covers role boundaries, space use, privacy practices, photography rules, incident reporting, and vendor management.
- Establish “**no-PHI**” rules for library systems (e.g., no diagnoses in room-reservation notes).
- Create a short **memorandum of understanding (MOU)** or similar written agreement for recurring partners to document roles, points of contact, scheduling and space use, service handoff steps, and coordinated outreach. The MOU should confirm that partners do not exchange personal health information through the library and that any reporting is aggregate. See the MOU template on [page 83](#).



The Memorandum of Understanding Template is a structured document for creating a MOU. It includes sections for Template Use, Parties (with fields for Organization 1 and 2, Legal Name, Address, Primary Contact Name and Title, Email, and Phone), Effective Date, Review Cycle, Purpose, and Service Scope. The Service Scope section lists various services with checkboxes, such as 'Device access support (Wi-Fi connection and basic settings)' and 'Digital navigation support (orientation, scheduling, coaching)'. The footer features logos for Digital Pathways, ALA, and the National Library of Medicine.

MOU template (page 83)

Space and Technology Plan

- Designate at least one **Telehealth Access Point (TAP)**: a private, bookable room or booth with sound mitigation.
- Set **technology standards** (see next section).
- Provide a **phone-visit fallback** with privacy and a headset.
- Prepare a cleaning protocol and a visible “cleaned at” checklist.

Staffing and Training Plan

- Identify a small core team: a lead librarian, a backup, and one digital navigator or trained volunteer.
- Schedule a two-hour **orientation** (role, scripts, privacy, booking, emergency steps) and a one-hour **hands-on tech lab** (camera, microphone, captions, portals).
- Keep a quick-reference kit at each TAP (see **TAP Essentials**).

Inclusive Outreach Plan

- Co-brand with partners; translate key materials; advertise tech-check slots; include a QR code to reserve spaces or request help.
- Add a short “What to expect” page for first-time telehealth users.



Light-Lift Evaluation Plan

- Track: bookings completed, successful connections, and a one-question confidence ruler (0–10).
- Review logs monthly; adjust hours, signage, or support as needed.

Telehealth Access Point (TAP) Essentials

Space

- Door or panel that closes; visual privacy (door window covering or film); posted etiquette and role card.
- Sound mitigation: a door sweep or seal, plus a small white-noise device placed outside the door.
- ADA-conformant clearances; space for a caregiver or interpreter.

Technology

- Reliable Internet that supports video.

Technology (continued)

- Computer with updated browser; external webcam; headset with microphone; adjustable light; power strip; disinfecting supplies.
- Printed **Tech-Check Card** at the station: camera, microphone, captions, and joining a visit.
- **Accessibility Starter Kit**: large-print handouts, screen-reader enabled browser profile, keyboard with high-contrast stickers.

Workflow

- Neutral room name in the public catalog (e.g., “Private Meeting Room”).
- Booking confirmation includes guidelines, the role card, a five-minute early arrival request, and a reminder to bring any materials required by the provider.
- Same-day “tech-check” appointment type (ten minutes) to reduce failures at start time.

 **Design note:** Create a one-page door poster with info like: privacy, sound, etiquette, role boundaries, and “Need help?” contact. See an example on [page 69](#).



**PRIVATE APPOINTMENT
IN PROGRESS**

Please come back at (time): _____

PLEASE BE QUIET

- Speak softly near the door.
- Respect confidentiality for the person inside.
- Do not wear eye glasses the inside.

ENTERING

- Do not enter without permission.
- Knock twice for urgent calling or building problems.

HELP

- Service Desk: _____
- Phone or Text: _____
- Language or accessibility help is available at the service desk.

REMINDERS

- Library workers support technology and information navigation.
- Library workers do not provide medical advice.

Call number: _____

DIGITAL PATHWAYS ONLINE HEALTH LITERACY PROGRAMMING FOR ADULTS
AMERICAN LIBRARY ASSOCIATION | NATIONAL LIBRARY OF MEDICINE

Door Sign ([page 69](#))

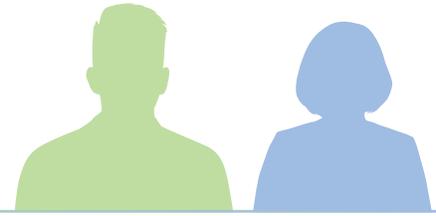
Technology Standards and Simple Setups

- **Low-Investment Kit**: external webcam, headset with microphone, small light source, laminated Tech-Check Card, wipes.
- **Moderate Investment Kit**: privacy booth or modest room retrofit, three device-lending kits with hotspots, captioning instructions, interpreter hours.
- **Higher-Investment Kit**: multiple booths, expanded device lending with data plans, contract hours for a community health worker or digital navigator, captioned orientation videos, and a mobile pop-up kit.

Staff Quick-Test Before Each Session

1. Clear browser history and cookies to ensure the previous user’s login credentials are erased.
2. Open the platform or camera test page.
3. Confirm camera and microphone permissions; adjust volume.
4. Turn on captions if available.
5. Check lighting and angle.
6. Make sure you have a phone number handy in case the visit needs to move to a call.

Staff Preparation



Orientation Topics

- Role boundaries; standard scripts; non-collection of personal health information.
- Inclusive customer service; trauma-informed approaches; de-escalation basics.
- Technology walk-throughs (browser updates, platform permissions, captions, language toggles).
- Booking flow and same-day support options.
- Cleaning and resetting steps between sessions.
- Adult consumer health literacy training

Emergency Procedures

- When in doubt, call emergency services, and follow dispatcher instructions.
- Do not move a patron who reports a medical emergency unless safety requires it.
- Protect privacy during incidents (close browsers; avoid capturing video or photos).
- File an incident report the same day; debrief with the team within one week.



Design note: Post at each TAP and service desk.

Core scripts

- **Deflecting Clinical Questions:** “I am not a medical professional, so I cannot advise on that. I can help you find your provider’s instructions or a way to message your care team.”
- **Explaining Privacy:** “This room reduces noise and visual distractions, and we avoid entering your health details in library systems. Please use your provider’s portal for personal information.”
- **Scheduling Help:** “Let us book a ten-minute tech check before your visit so you start on time.”



Design note: Laminate on a lanyard card.

Privacy by Design

Consider these important elements when planning your program:

- **Spaces:** Use neutral naming, posted etiquette, and a clear privacy statement at the door.
- **Systems:** Remove personal health information fields from room-reservation forms; store only contact information needed for booking.
- **People:** Train staff to redirect clinical conversation to the provider and to close browsers after use.

- **Content:** Publish a local pathfinder with vetted consumer-health sources and a short guide to spotting misinformation.
- **Vendors:** Require any messaging or booking tool to suppress message history and personally identifiable health details.

Building Partnerships

Good First Partners

- Community health centers, hospital community-benefit teams, and public health departments.
- Aging services, disability organizations, adult education, and English-language programs.
- Interpreter services and community health workers.
- Tribal, faith-based, and neighborhood organizations trusted by local residents.

How to Start

- Share a one-page **purpose and fit** statement, your TAP photo, hours, and the role card.
- Ask partners for a one-page **“Next Steps with Us”** sheet (how to schedule, language options, after-hours support).
- Co-design early use cases and referral pathways; capture details in a short **Memorandum of Understanding (MOU)**. Use an MOU when a partner will regularly direct patrons to the library for telehealth space, device support, or navigator hours, or when the library will direct patrons back to a partner for scheduling help or follow-up support; the document clarifies responsibilities, workflow steps, and privacy boundaries.

What to Avoid

- Do not accept clinical responsibility, or the storing of medical files.
- Do not launch without clear emergency and privacy procedures formally in place.

Memorandum of Understanding Template
Digital Navigation, Telehealth Access, and Referral Support Partnership

Template Use
This template provides sample language for a collaboration agreement. This template does not provide legal advice. Each organization should follow internal review and approval processes before signature.

Parties

Organization 1 (Library)
Legal Name: _____
Address: _____
Primary Contact Name and Title: _____
Email: _____ Phone: _____

Organization 2 (Partner Organization)
Legal Name: _____
Address: _____
Primary Contact Name and Title: _____
Email: _____ Phone: _____

Effective Date: _____
End Date (optional): _____
Review Cycle: Quarterly Semiannual Annual Other: _____

Purpose
The Library and the Partner will collaborate to support community members with technology use, online form navigation, and telehealth access. The collaboration will support warm referrals, coordinated service delivery, and privacy-protective workflows.

Service Scope

Services Covered

- Device basics (phone, tablet, laptop, desktop)
- Internet access support (Wi-Fi connection and basic settings)
- Email access (account creation and account recovery steps)
- Portal navigation (sign-in, verification, uploading, scheduling)
- Online form navigation (benefits, employment, housing, education)

DIGITAL PATHWAYS ONLINE HEALTH LITERACY PROGRAMMING FOR ADULTS
ala.org/health/programming/digitalpathways | ©2021 American Library Association

ALA American Library Association United Healthcare

Memorandum of Understanding template (page 83)

Inclusive Outreach and Wayfinding

- Use plain-language flyers that clearly state **who the service is for** and **how to make a reservation**.
- Translate core materials; add large-type versions and QR codes that deep-link to language settings on major portals.
- Normalize use with neutral messaging: “Private space for health, legal aid, counseling, and other confidential appointments.”
- Post a small A-frame sign on telehealth days: “Need help setting up a video visit? Ask for a ten-minute tech check.”

Working With Patrons: A Simple Support Flow for Staff

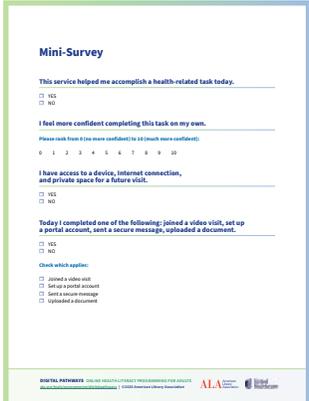
1. **Welcome and orient.** Share the role card and confirm the appointment type.
2. **Tech check.** Camera, microphone, captions, and lighting.
3. **Access check.** Confirm that the patron has access to the portal link, username, and password.
4. **Privacy check.** Close other windows; silence device notifications; adjust door signage to “In Use.”
5. **Visit handoff.** Stay nearby but out of earshot; offer a “Need help?” number or extension.
6. **After-visit reset.** Close all windows; wipe surfaces and headset; log completion and issues.
7. **Optional follow-up.** Offer an appointment to practice portal messaging or document upload.

Light-Lift Evaluation and Continuous Improvement

Default Mini-Survey (two minutes, post-visit or class)

- “This service helped me accomplish a health-related task today.” (Yes/No)
- “I feel more confident completing this task on my own.” (0–10 ruler)
- “I have access to a device, Internet connection, and private space for a future visit.” (Yes/No)
- “Today I completed one of the following: joined a video visit, set up a portal account, sent a secure message, uploaded a document.” (Yes/No; select which)

 **Design note:** A sample handout of this Mini-Survey can be found on [page 92](#). Consider also offering the survey online via QR code, as an alternate way to collect patron responses.



Mini-Survey (page 92)

Team Log (staff only)

- Tasks completed; barriers encountered (device, connectivity, language, accessibility, time, anxiety, other); quick notes on what to change next time.

Monthly Review

- Adjust hours, signage, instructions, and outreach based on what patrons used and where problems occurred.
- Share a short **“What we changed this month and why”** note with partners and leadership.

Resource Quick List

 **Design note:** Create a Resource Quick List of your own local resources by filling in this table with brief descriptions and local links. An empty starter template is provided as a downloadable handout on the [Digital Pathways website](#).

- **Consumer-Health Literacy and Training:** Public library health literacy guides; plain-language standards; multilingual health information sources (see “Staff Training,” [page 34](#)).
- **Telehealth Planning and Space:** Telehealth Access Point guidance; broadband and technology tip sheets; sample cleaning protocols (see “Technology Help,” [page 33](#)).
- **Staff Development:** Free or low-cost consumer-health training; digital navigator curricula; emergency and de-escalation basics (see “Staff Training,” [page 34](#)).
- **Evaluation:** Short outcome surveys for health and digital learning; community partnership checklists; simple data-visualization tools. (see “Evaluating Success Resources,” [page 34](#)).
- **Inclusive Practice:** Community engagement toolkits; cultural humility self-assessments; guidance for accessibility and disability etiquette (see “Inclusivity,” [page 34](#)).
- **Program Inspiration:** State and local examples of telehealth kiosks, device-lending initiatives, and navigator partnerships (see “Examples of Telehealth in Libraries,” [page 34](#)).

Resource Quick List

Consumer-Health Literacy and Training
Examples: Public library health literacy guides; plain-language standards; multilingual health information sources.

- Enter resource name and link here

Telehealth Planning and Space
Examples: Telehealth Access Point guidance; broadband and technology tip sheets; sample cleaning protocols.

- Enter resource name and link here

Staff Development
Examples: Free or low-cost consumer-health training; digital navigator curricula; emergency and de-escalation basics.

- Enter resource name and link here

[Resource Quick List \(download\)](#)

Example of a Launch Plan

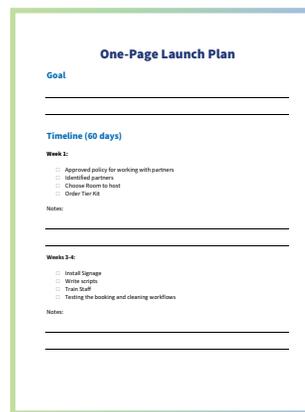
Goal

Offer one private TAP and same-day tech-check support that helps adults complete telehealth visits and portal tasks.

Timeline (60 days)

- **Weeks 1–2:** Approve policy; identify partners; choose room; order Tier A kit.
- **Weeks 3–4:** Install signage; write scripts; train staff; test booking and cleaning workflows.
- **Weeks 5–6:** Soft launch with partners; promote two weekly tech-check slots; begin mini-survey.
- **Weeks 7–8:** Review logs and surveys; adjust hours and instructions; plan month-two improvements.

 **Design note:** Download a blank template from ala.org/digitalpathwayshandouts to start your own Launch Plan.



[Launch Plan template \(download\)](#)

Online Resources

Community Needs Assessment Resources and Recruiting Partners

- [US Department of Health and Human Services MAP-IT framework offered through NNLM training](#)
- [Idaho Commission of Libraries Telehealth](#)
- [University of Kansas' Community Toolbox](#)

Technology Help

- [National Telehealth Resource Center Access Points](#)
- [American Library Association Privacy](#)
- [National Telehealth Resource Center Broadband](#)
- [American Library Association Assistive Technology](#)

Inclusivity

- [NNLM Community Engagement Toolkit](#)

Staff Training

- [Telehealth.HHS.gov resource](#)
- [National Institute of Health Plain language information](#)
- [Rural Information Hub Telehealth Staff Training](#)
- [National Consortium of Telehealth Resource Centers](#)
- [Idaho Commission of Libraries Telehealth](#)
- Brian West and Matthew A. Varacallo, [Good Samaritan Laws](#)
- [Centers For Disease Control and Prevention—Equipment Cleaning](#)
- [Medlineplus.gov](#) (Consumer health literacy)
- [Healthychildren.org](#) (Parents' consumer health literacy topics)
- [NNLM K-12 Health Pathway](#) (Evaluating health literacy programs for children)
- [CDC's Health Literacy Action Plan](#)
- HeadStart.gov's [Using Health Literacy to Improve My Family's Health](#) (information for parents)
- [National Consortium of Telehealth Resources](#)

Examples of Telehealth In Libraries

- [Colorado Public Library Telehealth Kits](#)
- [Delaware Libraries Get Connected Telehealth](#)
- [Idaho Commission of Libraries Telehealth Toolkit](#)
- [State of Hawaii Public Libraries and Department of Health Telehealth Services](#)

Evaluating Success Resources

- [Community Toolbox assessing Community Partnerships](#)
- [NNLM Resources for training Assessment of Resources](#)
- [Rural Information Hub Evaluating Telehealth Resources](#)



SECTION IV

ONLINE HEALTH LITERACY AND TELEHEALTH PROGRAMMING IN PRACTICE

This section equips public libraries with replicable program ideas, real-world examples, and pilot models that support adults' online health literacy and access to telehealth. It translates current evidence and practitioner insight into concise steps that fit branch constraints and staffing realities across urban, suburban, and rural settings. It also embeds simple assessment and funding guidance so teams can adopt, adapt, and scale with confidence.

LOOKING FOR SOMETHING IN PARTICULAR?

Terminology and role boundaries INTRODUCTION

HIPAA applicability and misinformation definitions SECTION I

Privacy by design, staffing models, space planning, workflow, and outreach SECTIONS III AND IV

Step-by-step curricula and micro-lessons SECTION II

Program templates, implementation tools, and assessment supports SECTION IV

How to Use This Section

Begin by reviewing Budget Tiers ([page 37](#)) and the Assessment Quick-Start ([page 57](#)) to right-size the plan for the current year. Choose Programming Ideas (starting on [page 41](#)) that match the branch's capacity, and add partners when they improve reach, language access, or topical depth. Scan Programming Examples from Libraries ([page 49](#)) and Program Blueprints ([page 54](#)) for patterns to copy, and use Implementation Tips to handle space, technology, staffing, workflow, outreach, and governance.

Staff-Led by Default

Unless noted otherwise, the programs described here can be facilitated by library workers as information professionals. Partner roles are optional overlays that extend reach, language access, or topical depth.



Role Boundaries and Risk

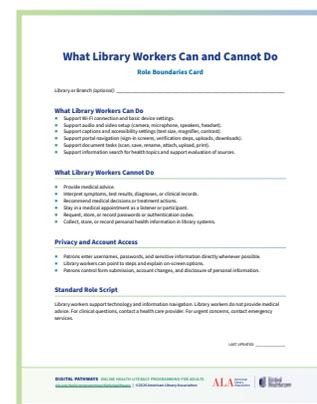
Although stated in Section I, keep this in mind with every program:

Library workers provide technology and information navigation, not medical advice. Staff offer access to spaces, devices, and connectivity; support navigation and digital skills; and refer patrons to licensed health professionals for clinical questions or care decisions. Program materials, scripts, and signage should not collect personal health information in library systems and direct patrons to their providers for diagnosis, treatment, or interpretation of results.

Standard Role Script

Use this script on signage, handouts, and lanyard cards:

“Library workers support technology and information navigation. We do not provide medical advice or interpret results. You enter your own usernames and passwords, and we do not store your personal health information. For clinical questions, please contact your health care provider or call emergency services if needed.”



What Library Workers Can and Cannot Do ([page 73](#))

Funding and Investment



Budget Tiers (Planning Ballparks)

- **Tier A — Low Cost (up to about \$1,000 per site).** Headsets with microphones, external webcam, light source, white-noise device, cleaning supplies, printed guides, and staff time to adapt handouts and run a monthly try-it hour.
- **Tier B — Moderate (\$1,000–\$10,000 per site).** One privacy booth or modest room upgrade; a small device-lending pool and hotspots; interpreter hours; stipends for a part-time digital navigator.
- **Tier C — Higher Investment (\$10,000+ per site or system).** Multiple booths or kiosks, multi-branch device lending with data plans, captioning and translation at scale, contract hours for a community health worker or digital navigator, and a mobile pop-up kit or vehicle support.

PRO TIP: If resources are limited, prioritize a reservable private room and a small pool of devices. Removing two common barriers at once yields immediate gains.

Common Line Items

Devices and peripherals; connectivity; space retrofits and signage; people (navigator hours, interpreters, training, and light marketing); content and tools (printed guides, captioning, and texting tools for tech checks and follow-ups). Include maintenance and replacement.

Cost Planning Quick Guide

Use the Budget Tiers to choose a starting point, and then confirm pricing through local procurement and existing inventory. Track one-time purchases separately from recurring costs such as hotspot data plans, interpreter hours, and texting or reminder tools.

The planning ranges below reflect typical retail pricing for common items used in one station or one out-reach kit. Contract pricing, refurbished devices, and existing lending inventory can lower costs.

- Headset with microphone: \$20–\$60
- External webcam: \$30–\$100
- Tablet: \$100–\$350
- Hotspot device: \$100–\$350; hotspot data plans often run \$25–\$50 per month per line
- Basic pop-up privacy supports (headsets, signage, simple divider): \$50–\$200
- Basic accessibility kit (headset, large-print keyboard, trackball mouse, stand, privacy screen filter): \$150–\$300

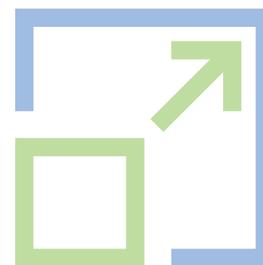
Mobile Health Library Outreach and Accessibility Test Lab are common points where libraries add equipment or recurring fees, so those program entries include brief budget notes with planning ranges.

Sustainability Moves

Blend operating funds, Friends support, local foundations, workforce boards, public health partners, and state or federal grants. Use statewide toolkits to reduce duplication and keep materials current. Plan for refresh cycles on devices and signage.

Sample Right-Sizing Scenarios

Use these examples to match your current budget and staffing capacity. Program numbers in parentheses match the Programming Ideas list below. Many programs can be delivered at more than one tier depending on whether you use an existing room, add privacy equipment, or expand navigator hours. Use the Budget Tier line in each program description to confirm fit for your branch.



Small Branch Start (Tier A): Use an existing private room when available. Add a low-cost kit (headsets, external webcam, small light source, laminated quick-start cards) and offer one or two monthly skills sessions. Add a ten-minute tech-check appointment option before visits. **Suggested starter programs (choose one or two):** Telehealth Open Hours (1) when you already have a reservable private room; Digital Literacy for Health Access Workshops (2); Spotting Health Misinformation Online (3); Appointment Prep Labs (4); Navigating Benefits Portals (6); Telehealth Technology Try-It Events (9); Virtual Waiting Room Orientation (11). If a privacy booth or room retrofit is required, treat Telehealth Open Hours as Tier B.

Mid-Scale Branch (Tier B): Add one privacy booth or modest room upgrade, three device kits with hotspots, monthly interpreter hours, and five navigator hours per week. Pair Telehealth Open Hours (1) with the Portal Help Desk (5). **Add next (choose one):** Library-Based Care Navigation (7); Multilingual Digital Health Literacy Series (10); Accessibility Test Lab (13).

System Rollout (Tier C): Expand private spaces at key locations, grow device lending, and create a navigator team that rotates across branches. Add captioned orientation videos and a recurring mobile pop-up schedule when feasible. **Good systemwide anchors:** Telehealth Open Hours (1) and Portal Help Desk (5), plus Mobile Health Library Outreach (8). Consider adding Text a Librarian Health Help Line (12) when staffing supports it.

At any tier: Start the mini-survey on day one and review logs monthly to adjust hours, signage, and support.

Capacity Building

Train staff through free or low-cost consumer health offerings (e.g., NNLM coursework and CHIS-aligned modules) to strengthen librarian-led delivery without new hires.

Index to Programming Ideas

See the full program description, setup and staffing notes, and additional tips in the following pages.

| Idea | Goal | Program type | Budget Tier | Staffing Notes | Some Good fits/ Partners |
|---|--|---------------------------------|-------------|--|---|
| Telehealth Open Hours (hyperlink to page) | Create reservable telehealth space for patrons | Library space modification | A, B or C | Library staff; digital navigator | Community health centers; telehealth resource centers |
| Digital Literacy for Health Access Workshops | Create hands on classes for common telehealth tasks | Workshop | A or B | Library staff; Language interpreter | Partner orgs serving target populations (ESOL, seniors) |
| Spotting Health Misinformation Online | Teach credibility checks and scam recognition | Interactive session | A | Library staff | Adult education programs; public health departments |
| Appointment Prep Labs | Adults can review after visit summaries, portal messages | Class | A | Library staff; community health worker | Patient-experience teams; adult education programs |
| Portal Help Desk (with Optional Text Line) | Help patrons with portal basics | One-on-one help | A or B | Library staff; digital navigator | Health system portal teams; public health navigators |
| Navigating Benefits Portals | Teach patrons how to navigate Medicare, Medicaid and marketplace platforms | Tutorial | A | Library staff; state agencies; benefits navigators | Benefits navigators; state agencies |
| Library-Based Care Navigation | Patrons can schedule appointments online, set up portals | One-on-one help or class | A or B | Digital navigators (trained staff or volunteers) | Workforce boards; community colleges; aging-services agencies |
| Mobile Health Library Outreach | Bringing tech solutions to patrons where they are | Bookmobile or pop-up telehealth | B or C | Library staff and digital navigator | Rural clinics, tribal health programs, food pantries |
| Telehealth Technology Try-It Events | Patrons are prepared for telehealth appointments | Hands-on stations | A or B | Library staff | Telehealth resource centers; health systems |
| Multilingual Digital Health Literacy Series | Offer instruction in telehealth basics in multiple languages | Workshop | A or B | Library staff; interpreters | ESOL programs; immigrant-refugee orgs |
| Virtual Waiting Room Orientation | Set expectations for remote visits | Video or class | A | Library staff | Patient-experience teams; community health workers |

| Idea | Goal | Program type | Budget Tier | Staffing Notes | Some Good fits/ Partners |
|---|---|---------------------|-------------|---|---|
| Text a Librarian Health Help Line | Dedicated text channel for quick navigation questions | Text channel | A | Library staff | Public health departments; health systems |
| Accessibility Test Lab | Assist patrons with using accessibility features | One-on-one help | B | Library staff and partner org trainers | Disability orgs and state assistive-technology programs |
| Library-Facilitated Peer Circles | Nonclinical discussion of health literacy topics | Discussion group | A | Trained facilitator | Community health workers; patient advocates |
| Complementary and Integrative Health Online Education Series | Evidence-informed sessions on health literacy | Class | A or B | External presenter and library staff host | Integrative-health center; wellness coaches; hospital community benefit teams |
| Health Access Device Lending Kits | Support telehealth visits beyond the library | Kits that circulate | A, B or C | Circulation desk staff; digital navigator | Communities without broadband; patrons without personal devices |

No-Cost and Low-Cost Options (*Do These First!*)

- **Use a private room already on site** and post a one-page etiquette sheet with a “What Staff Can and Cannot Do” card.
- **Reuse existing PCs, webcams, headsets, and hotspots**, and keep a laminated tech-check card at each site for camera, microphone, and login steps. Teach with free curricula (e.g., PLA DigitalLearn, GCFGlobal, Cyber-Seniors, and Tech Life Unity) and locally curated pathfinders to keep preparation time low.
- **Launch the default mini-survey and a short skills checklist** (print or QR) so the team can report outcomes without paid tools.
- **Build staff capacity with free or low-cost consumer health training** through Network of the National Library of Medicine (NNLM) and Consumer Health Information Specialization (CHIS)-aligned offerings, and file the details in the Best Practices section for later reference.

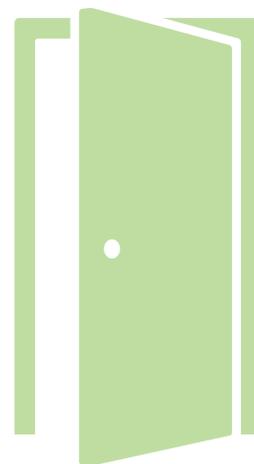


Programming Ideas

1 | Telehealth Open Hours

What It Is: Reservable, private spaces with reliable internet, camera, microphone, and clear etiquette guidance for telehealth visits. This service normalizes video visits as one of several uses for private rooms and reduces stigma.

- **Program Type:** Service Hours (Telehealth Space)
- **Good Fits and Partners:** Community health centers, health systems, and telehealth resource centers that share platform norms and patient education.
- **Setup Notes:** Use a neutral room name, avoid collecting clinical details during booking, and stock headsets, a webcam, wipes, and a short troubleshooting flow. For space requirements, signage, and privacy-by-design details, see Telehealth Access Point (TAP) Essentials ([page 27](#)) and Implementation Tips: Space and Privacy by Design ([page 54](#)). Standardize a simple device and software setup: keep the browser updated, use a guest or private-browsing session for each appointment, and maintain a small set of bookmarks (camera and microphone test page, caption settings, and the library’s Resource Quick List). If common local providers require a specific telehealth application, install and test that software during routine maintenance, and document the join steps on the Tech-Check Card. Ask patrons to enter all usernames and passwords themselves, and close windows and clear downloads between sessions. Provide a fallback plan for phone-based visits.
- **Staffing Notes:** Library workers manage spaces and connectivity; a digital navigator assists with portal access and test calls. Use the standard role script and signage.
- **Assessment Prompt:** Record bookings completed and successful connections; use a 0–10 confidence ruler for “I can complete a video visit on my own.”
- **Budget Tier:** **B** for a privacy booth; **A** for an existing room with minor upgrades; **C** for multi-branch rollouts or kiosks.



PRO TIP: Offer a ten-minute tech check appointment before each visit to reduce failure at start time.

2 | Digital Literacy for Health Access Workshops

What It Is: Hands-on classes for portal sign-up, secure messaging, video-visit setup, document upload, captions, and privacy basics.

- **Program Type:** Workshop
- **Good Fits and Partners:** Senior services, adult education, ESOL programs, and consumer-health librarians.

- **Setup Notes:** Break instruction into micro-steps with large-print step cards that learners can reorder.
- **Staffing Notes:** Library workers facilitate instruction and schedule one-on-one follow-ups for those who require additional support. Provide bilingual support where needed.
- **Assessment Prompt:** Exit check: “I can log in and send a message or join a video visit without assistance.”
- **Budget Tier:** **A** with existing lab time and print materials; **B** with device lending or interpreters.

PRO TIP: Offer a “bring your device” hour after each workshop for personalized setup.

3 | Spotting Health Misinformation Online

What It Is: An interactive session that teaches credibility checks and scam recognition using paired screenshots and a vetted-sources pathfinder.

- **Program Type:** Workshop
- **Good Fits and Partners:** Public health departments, academic and hospital libraries, and adult education programs.
- **Setup Notes:** Use short scenarios, model a quick fact-check, and close with a one-page “Trust It or Trash It” handout.
- **Staffing Notes:** Librarian-led with a brief privacy reminder when searching sensitive topics.
- **Assessment Prompt:** Ask: “Did you learn at least one credibility check you will use?”
- **Budget Tier:** **A.**

PRO TIP: End with a two-minute “find the red flag” game to reinforce recognition skills.

4 | Appointment Prep Labs

What It Is: Plain-language mini-labs that help adults build a question list, review after-visit summaries, and locate portal messages.

- **Program Type:** Practice Lab (Try-It)
- **Good Fits and Partners:** Community health workers, patient-experience teams, and adult education programs.
- **Setup Notes:** Use a one-page prep checklist and a “Top Five Questions” prompt; offer large-type versions and translation.
- **Staffing Notes:** Librarian-facilitated with optional community health worker support.
- **Assessment Prompt:** Confidence ruler (0–10): “I feel prepared to ask questions at my next visit.”
- **Budget Tier:** **A.**

PRO TIP: Offer a low-distraction hour weekly for patrons who prefer quiet practice.



5 | Portal Help Desk with Optional Text Line

What It Is: Scheduled help for portal basics, plus a text line for quick navigation questions during posted hours.

- **Program Type:** Help Desk (One-on-One); Help Line (if the text line operates as ongoing support)
- **Good Fits and Partners:** Health-system portal teams and public health navigators who refresh quick guides when platforms update.
- **Setup Notes:** Standardize privacy language and micro-guides for password resets, secure messages, and downloading visit summaries.
- **Staffing Notes:** Library workers and navigators handle navigation and escalate clinical questions to providers.
- **Assessment Prompt:** Ask: “Were you able to complete the task you came for today?” If “No,” staff log the barrier.
- **Budget Tier:** A; B with a text line and dedicated navigator hours.

PRO TIP: Keep a laminated “portal quick keys” sheet with icons and next clicks.

6 | Navigating Benefits Portals

What It Is: Tutorials for Medicaid, Medicare, and Marketplace platforms, emphasizing digital document submission and identity verification.

- **Program Type:** Workshop
- **Good Fits and Partners:** State agencies, benefits navigators, or local health departments with current forms and eligibility tips.
- **Setup Notes:** Provide a document checklist and scanner station; schedule follow-ups for submissions.
- **Staffing Notes:** Co-host with partner navigators for complex cases while library staff provide device and portal basics.
- **Assessment Prompt:** Ask: “Did you submit an application or verify your account today?”
- **Budget Tier:** A.

PRO TIP: Add an “upload practice” station with sample files to build confidence.



7 | Library-Based Care Navigation (Digital Navigators)

What It Is: One-to-one or small-group help with scheduling, portal setup, and device preparation that focuses on finishing tasks.

- **Program Type:** Navigation Support
- **Good Fits and Partners:** Workforce boards, community colleges, federally qualified health centers, and aging-services agencies.
- **Setup Notes:** Use a short intake and a session summary with next steps; schedule a two-week check-in.

- **Staffing Notes:** Digital navigators can be staff or trained volunteers. Crosstrain for language access where possible.
- **Assessment Prompt:** Track tasks completed per patron and note barriers to completion.
- **Budget Tier:** **B** with stipends; **A** with volunteers.

PRO TIP: Schedule the return appointment before patrons leave to increase completion rates.

8 | Mobile Health Library Outreach

What It Is: A bookmobile visit or pop-up brings staff-led navigation support and a scalable technology and privacy kit to community hubs. The model can start with one staff laptop on host-site Wi-Fi and headsets for speech privacy, and it can expand to loanable tablets and hotspots when connectivity is limited. Portable privacy supports can include headsets, clear signage, and a private room at the host site, with optional low-cost dividers or sound masking when needed.



- **Program Type:** Outreach Pop-Up
- **Good Fits and Partners:** Rural clinics, tribal health programs, food pantries, and faith-based organizations.
- **Setup Notes:** Start with the lowest-cost configuration that still protects privacy. Choose host sites that can offer a private room and Wi-Fi, and bring one staff laptop or tablet, headsets, printed guides, a Tech Check Card, and basic cleaning supplies. If reliable connectivity is unavailable, add one hotspot drawn from existing lending inventory or coordinate with a partner to provide a secure connection, and include a fallback plan for audio-only visits or phone appointments when video is not feasible. Plan for power access and station reset between patrons, including signing out, closing tabs, and following local privacy and security procedures. Budget Note (approximate): a host-site Wi-Fi pilot often costs \$50–\$200 one time for headsets and basic privacy supplies. A starter outreach kit that includes one hotspot and one budget tablet often costs \$300–\$600 up front, plus \$25–\$50 per month per hotspot line for data. A higher-capacity kit (e.g., a 5G hotspot and an iPad) often costs \$750–\$950 up front, plus the monthly data plan. Costs vary by carrier contract, procurement pricing, and whether the library uses existing lending inventory.
- **Staffing Notes:** A trained library staff member can deliver this model, and a digital navigator can be added when staffing allows. Staff log support provided and use the role script to keep boundaries clear during help sessions.
- **Assessment Prompt:** Track encounters, tasks completed, and visits scheduled per stop.
- **Budget Tier:** **B** for recurring pop-ups that rely on host-site Wi-Fi, existing lending inventory, or partner-provided connectivity; **C** when the model includes a vehicle and a dedicated travel kit of devices, hotspots, and privacy equipment.

PRO TIP: Use hotspot-lending and attendance data to choose stops and to justify any new purchases.

9 | Telehealth Technology Try-It Events

What It Is: Hands-on stations for microphone and camera tests, platform logins, angles, lighting, and captions.

- **Good Fits and Partners:** Telehealth resource centers, health systems, and assistive-technology organizations.
- **Setup Notes:** Create station signage and a passport card that patrons complete as they move through steps.
- **Staffing Notes:** Library staff run stations while a floating navigator troubleshoots.
- **Assessment Prompt:** Confirm: “I completed a test login, camera check, and microphone check today.”
- **Budget Tier: A; B** if adding peripherals such as ring lights or adjustable stands.

PRO TIP: Send patrons home with an annotated visit-setup card with three quick fixes.

10 | Multilingual Digital Health Literacy Series

What It Is: Multilingual workshops covering portal basics, telehealth etiquette, privacy, and finding trustworthy information, co-designed with community advisors.



- **Program Type:** Series
- **Good Fits and Partners:** ESOL programs, immigrant-refugee organizations, and interpreter services.
- **Setup Notes:** Translate handouts, caption videos, and provide large-type versions; add QR codes that deep-link to language settings.
- **Staffing Notes:** Bilingual staff or interpreters support instruction and schedule one-to-one follow-ups.
- **Assessment Prompt:** Ask patrons to demonstrate changing language settings without help.
- **Budget Tier: B** with interpreters; **A** with bilingual staff.

PRO TIP: Offer childcare or a quiet play table to reduce barriers for caregivers.

11 | Virtual Waiting Room Orientation

What It Is: A short orientation (video or live) that sets expectations for remote visits and covers privacy and platform steps.

- **Program Type:** Orientation
- **Good Fits and Partners:** Patient-experience teams and community health workers.
- **Setup Notes:** Keep it to five minutes; caption and add alt text; post it to the pathfinder and room signage.
- **Staffing Notes:** Produce once and refresh annually or when platforms change.
- **Assessment Prompt:** Ask: “Did this orientation make you feel more prepared for a telehealth visit?”
- **Budget Tier: A.**

PRO TIP: Include a ten-second microphone and camera test demo that patrons can repeat at home.

12 | Text a Librarian Health Help Line



What It Is: A dedicated text channel for quick navigation questions during posted hours that uses an answer bank linked to vetted sources.

- **Program Type:** Help Line
- **Good Fits and Partners:** Public health departments and health systems that supply updated links and FAQs.
- **Setup Notes:** Publish hours, supported topics, and an emergency autoreply; retain no personal health information in the messaging tool.
- **Staffing Notes:** Crosstrain staff, rotate coverage, and maintain scripts for common requests.
- **Assessment Prompt:** Ask: “Did the text exchange solve your issue today?”
- **Budget Tier:** A.

PRO TIP: Turn frequently asked questions into micro-guides for your pathfinder.

13 | Accessibility Test Lab

What It Is: Scheduled sessions where adults practice accessibility settings and low-cost peripherals that support telehealth and online health tasks. The lab covers captions, screen magnification, large text, high-contrast mode, screen readers, and language settings on common devices and websites.

- **Program Type:** Practice Lab (Try-It)
- **Good Fits and Partners:** Disability organizations, state assistive-technology programs, aging services, and vocational rehabilitation teams that can loan equipment, co-teach, or provide referrals.
- **Setup Notes:** Use two stations: one demo station where staff show a feature and one practice station where participants repeat the steps. Keep a laminated checklist at each station that lists the exact actions participants practice (turn captions on, increase text size, enable magnifier, switch language, adjust audio, and test a microphone). If the library purchases equipment for this lab, start with a small accessibility kit built from common peripherals: one USB headset with microphone, one large-print keyboard, one trackball or ergonomic mouse, one tablet stand or laptop riser, and one privacy screen filter for a shared monitor. If the library needs a low-vision tool for paper forms, start with a document camera before purchasing a handheld video magnifier.
- **Budget Note (approximate):** A basic one-station accessibility kit often costs about \$150 to \$300. Adding a document camera often costs about \$90 to \$200. Handheld video magnifiers are typically higher-cost items and often cost \$400 to \$900, so partner loans are useful before purchase.
- **Staffing Notes:** A trained library staff member can facilitate this lab using scripts and checklists. A partner trainer can be added for deeper demonstrations or for equipment loan programs. Staff ask for permission before touching any personal device and avoid collecting personal health information.



- **Assessment Prompt:** Record which accessibility settings participants enabled and one task each participant completed. Track one barrier when a task is not completed so the library can adjust equipment and guides.
- **Budget Tier:** **A** when using built-in accessibility settings and existing peripherals; **B** when purchasing a small accessibility kit; **C** when building a dedicated, multi-station assistive-technology lab.

PRO TIP: Keep one station set up for demonstration and one station reserved for independent practice so participants leave knowing which settings they can repeat at home.

14 | Library-Facilitated Peer Circles

What It Is: Staff-moderated discussion groups on online health tools, privacy practices, and telehealth tips (nonclinical).

- **Program Type:** Peer Circle
- **Good Fits and Partners:** Community health workers and patient advocates who can visit as guest navigators.
- **Setup Notes:** Establish ground rules, set topic prompts, and provide a resource pathfinder.
- **Staffing Notes:** A trained facilitator leads with an optional guest navigator.
- **Assessment Prompt:** Ask: “Did you learn at least one tip you will use this week?”
- **Budget Tier:** **A.**

PRO TIP: End with a next-week challenge card that outlines one concrete action.



15 | Complementary and Integrative Health Online Education Series

What It Is: Evidence-informed sessions—such as mindfulness, stretching, and nutrition basics—emphasizing safety, credentials, and when to seek clinical care. The focus is on health literacy about practices, not clinical instruction.

- **Program Type:** Series
- **Good Fits and Partners:** Integrative-health centers, wellness coaches, and hospital community-benefit teams.
- **Setup Notes:** Require proof of certification; include a standard “when to consult a clinician” slide; provide links to evaluations of effectiveness.
- **Staffing Notes:** Library-hosted with a resource librarian who maintains a pathfinder of vetted sources.
- **Assessment Prompt:** Ask: “Can you name at least one safe practice to try at home?”
- **Budget Tier:** **A** with partners; **B** with stipends or interpreters.

Partner with another agency that can lead the instruction, and add a two-minute “evidence corner” highlighting librarian-curated resources.

16 | Health Access Device Lending Kits

What It Is: Circulating kits that bundle a loanable laptop or Chromebook or tablet with connectivity support and simple quick start guides. Kits support telehealth visits, patient portal tasks, benefits enrollment, and follow up steps beyond library hours. Kits also support caregiver participation when a household shares devices.

- **Program Type:** Lending Program
- **Good Fits and Partners:** Communities with limited broadband access, patrons without reliable devices, and branches that already circulate hotspots. Strong partners include state libraries, digital inclusion coalitions, community health workers, and local health systems that can confirm common portal steps and language settings.
- **Setup Notes:** Define a lending period, replacement policy, and a simple kit checklist that staff verify at checkout and return. Configure each device for shared use by disabling password saving and auto fill, using a guest profile when possible, and resetting the browser and downloads between loans. Include a printed quick start packet that covers connecting the hotspot, joining a video visit, turning captions on, adjusting text size, switching language settings, and signing out. Add a short list of bookmarks that point to the library’s Resource Quick List, a camera and microphone check, and common accessibility settings.
- **Staffing Notes:** Circulation staff manage checkout and returns. A trained staff member or digital navigator can provide a five- to ten-minute orientation at checkout or by appointment. Patrons enter all usernames and passwords themselves, and staff avoid collecting personal health information.
- **Assessment Prompt:** Track the number of kit checkouts, repeat checkouts, and the most common purpose for use (telehealth visit, portal setup, document upload, benefits task). Use one short exit question when feasible: “Did this kit help you complete a health related task today?” Track one barrier when tasks are not completed so staff can adjust guides or kit contents.
- **Budget Tier:** **B** in most settings because devices and data plans are common cost drivers. **A** is possible when the library uses existing lending inventory, donated devices, or partner supported connectivity. **C** applies for large multi branch scaling with device management and significant replacement inventory.



PRO TIP: Label kits by use case (telehealth, portal tasks, benefits), and include a QR code on the kit card that links to the Resource Quick List and Tech Check guidance.

Programming Examples from Libraries



Statewide Telehealth Kiosk Initiative [Delaware Libraries](#)

Summary: Rural and suburban branches installed sound-dampening kiosks with tablets, social-service apps, white noise, and sanitizing supplies. Navigators trained in digital access assist patrons in partnership with the state library, health systems, and a community college. The program integrates private space with navigator support to lower barriers.

- **Program Type:** Implementation Resource
- **Why It Works:** Trusted, stigma-reduced spaces with clearly defined navigator roles encourage uptake among adults who might otherwise forgo care. Local partnerships stabilize workflow and referrals.
- **Impact:** Delaware Public Media reports that the program started in three Sussex County libraries and that 13 libraries had kiosks by August 2023. (Delaware Division of Libraries, 2021; Delaware Public Media, 2023).

PRO TIP: Put a “Tech Check Here” sign on kiosk doors and a QR code for navigator help.

Telehealth in a Small Community [Pottsboro Library, Texas](#)

Summary: A private telehealth room, upgraded broadband, and a community health worker support appointment setup, insurance navigation, and technology basics. The library uses local data to prioritize hours and outreach.

- **Program Type:** Service Hours (Telehealth Space)
- **Why It Works:** Strong local trust and an approachable space fill a clear gap in access and reduce transportation burdens.
- **Impact:** Recognized as an early adopter for a small rural public library and profiled as a replicable model” (Enis, 2023).

PRO TIP: Use local broadband and provider-access data in grant applications to show need.



Telehealth Kiosks Designed for Dignity New Mexico Libraries

Summary: Libraries installed sound-insulated booths with neutral labeling and multipurpose privacy spaces; each booth supports other private uses when not booked for telehealth. Design choices normalize use and reduce stigma. Staff maintain a simple booking process with minimal data collection.

- **Program Type:** Implementation Resource
- **Why It Works:** Culturally responsive design, accessibility features, and neutral branding address common barriers related to privacy and fear.
- **Impact:** Four private, soundproof telehealth booths have been coordinated for placement in rural New Mexico libraries (three currently open; a fourth coming soon), with about 10 additional booths planned for late 2025 or early 2026; public messaging emphasizes privacy, accessibility, and neutral “anonymous” design that allow patrons to use the booth comfortably for telehealth and other needs. (University of New Mexico Health Sciences Newsroom, 2025).

PRO TIP: Include culturally responsive visuals, language toggles, and clear signage that welcomes first-time visitors.

Device Lending and Health Access Kits Delaware

Summary: Chromebooks and hotspots circulate with quick-start guides for portals, telehealth setup, and language settings. Lending extends access beyond library hours and supports caregiver participation. Staff track repeat loans to forecast inventory. See [Health Access Device Lending Kits \(page 48\)](#) for a copyable kit model, setup steps, and a simple checkout-to-return workflow.

- **Program Type:** Lending Program
- **Why It Works:** Removing device and connectivity barriers supports follow-through on visits, portal use, and benefits enrollment.
- **Impact:** Circulating kits broaden access beyond on-site services and have been paired with navigator support to reduce barriers to completing health-related tasks.

PRO TIP: Tag kits by use case (telehealth, school, job search) to guide patrons and manage supply.

Telehealth Toolkit Programming Idaho Commission for Libraries

Summary: A statewide toolkit offers outreach materials, technical specifications, evaluation templates, and printable handouts. Branches adapt locally while staying aligned to a coherent statewide strategy. A brand pack speeds local production.

- **Program Type:** Implementation Resource
- **Why It Works:** Shared templates and guidance enable distributed experimentation and reduce staff burden.
- **Impact:** A [2024 state report](#) notes that approximately forty libraries have established or are building telehealth spaces using the toolkit.

PRO TIP: Provide editable templates and a simple brand pack to accelerate local adoption.

iPads for Health Access [NJHealthConnect @ Your Library](#)



Summary: A state initiative seeds iPads preloaded with vetted health apps to support telehealth and multilingual consumer health information. Local training and help desks increase use and confidence. Device management remains centralized to reduce local workload.

- **Program Type:** Lending Program
- **Why It Works:** Centralized provisioning plus local instruction accelerates equitable uptake.
- **Impact:** According to Library Journal, roughly 450 iPads have been deployed across more than 150 communities, paired with “First Steps” setup guidance for libraries (Enis, 2023; New Jersey State Library, 2025).

PRO TIP: Pre-set large type, captions, and language toggles prior to deployment and include a quick-start card.

Devices with Private Space [#GetConnectedDE](#)

Summary: Loanable devices paired with reservable private rooms enable telehealth alongside workforce and education activities. Simple QR codes link device kits to room reservations.

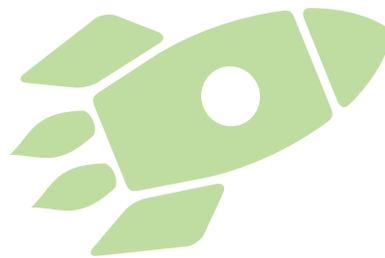
- **Program Type:** Lending Program; Implementation Resource
- **Why It Works:** Tackling two barriers—devices and private space—reduces barriers to completing telehealth visits and portal tasks.
- **Impact:** A paired-assets model has grown with demand, allowing branches to add inventory and hours as use expands.

PRO TIP: Place reservation QR codes on device kits and on room signage to streamline bookings.



Program Blueprints

Program blueprints are draft program plans built from research and documented practice. Libraries can pilot these plans to help adults complete online health tasks and join telehealth visits, while keeping staff roles nonclinical. Programming examples describe initiatives already running in libraries, while program blueprints offer designs that staff can adapt and test locally. Each blueprint includes “How to Know It Is Working” indicators to track completed tasks, barriers, and next steps for improvement or scale.



Diné Health Access Circles (Tribal Library Partnered Model)

Summary: Weekly circles co-facilitated by librarians and community health workers in English and Navajo cover portal navigation, mental health access, consent basics, and story-based learning. Sessions blend oral tradition with stepwise practice.

- **Program Type:** Peer Circle
- **Why It Works:** Culturally grounded methods and shared language build trust and relevance, increasing follow-through on digital tasks.
- **How to Know It Is Working:** Attendance across three cycles, pre/post confidence (0–10), and successful logins or scheduled visits at two weeks.
- **Budget Tier:** B.

PRO TIP: Offer bilingual “bring-a-buddy” nights so caregivers co-learn scripts and settings.

Digital Wellness on the Move (Mobile Telehealth Pop-Up)

Summary: A pop-up or tech van brings privacy pods, hotspots, and navigator hours to community hubs such as food banks and faith centers. The service meets adults where they already go.

- **Program Type:** Outreach Pop-Up
- **Why It Works:** Eliminates transportation barriers while normalizing telehealth in trusted spaces.
- **How to Know It Is Working:** Encounters, tasks completed, and visits scheduled per stop, plus repeat attendance at recurring sites.
- **Budget Tier:** C with a vehicle; B for recurring pop-ups.

PRO TIP: Choose stops using hotspot-lending heat maps and attendance trends.

Queer Care Online (LGBTQ+-Focused Series)

Summary: A monthly digital-literacy series tailored to LGBTQ+ patrons covers platform privacy, language settings, and vetted mental-health resources. Sessions include trauma-informed facilitation and clear referral options.

- **Program Type:** Series
- **Why It Works:** Tailoring and representation build trust and increase skill transfer to real visits.
- **How to Know It Is Working:** Retention across sessions, confidence gains, and referrals to affirming providers or services.
- **Budget Tier:** **A** with partner speakers; **B** with stipends.

PRO TIP: Convene a community advisory mini-panel to co-design topics and outreach.

Diabetes Online Support Communities

Summary: Staff-moderated virtual spaces provide peer support and practical literacy for self-management, plus webinars and peer-led resource checks. The community reinforces safe information-seeking habits.

- **Program Type:** Peer Circle
- **Why It Works:** Social support reduces isolation and improves sustained use of portal tools.
- **How to Know It Is Working:** Participation, resource clicks, and “one change I made this week” self-reports.
- **Budget Tier:** **A**.

PRO TIP: Rotate “ask a navigator” sessions on uploads, app settings, and data sharing.



Palliative Care Online Literacy Initiative

Summary: Plain-language micro-lessons and webinars for older adults and caregivers explain palliative options, tele-consult preparation, portal features, and follow-up tasks. Library staff provide navigation support.

- **Program Type:** Navigation Support
- **Why It Works:** Clear explanations reduce confusion and increase autonomy in decision-making.
- **How to Know It Is Working:** Pre- and post-knowledge checks and counts of specialty visits scheduled after participation.
- **Budget Tier:** **A** with partners; **B** with stipends.

PRO TIP: Provide a one-page conversation guide that families can bring to visits.

Autism Professional Telehealth Literacy Series

Summary: Tele-delivered modules for educators and caregivers introduce platform skills and behavior strategies. Sessions run in library spaces or online. Staff support platform access and follow-up.

For detailed room and booth requirements (privacy, sound mitigation, accessibility clearances, signage, and booking workflow), see Telehealth Access Point (TAP) Essentials ([page 27](#)).

- **Program Type:** Series
- **Why It Works:** A neutral venue and flexible access increase reach and reduce missed sessions.
- **How to Know It Is Working:** Module completion rates, intent-to-use responses, and short follow-ups on implementation.
- **Budget Tier:** B.

PRO TIP: Offer office-hours windows for platform setup and troubleshooting.

Implementation Tips

Space and Privacy by Design

Use neutral room names such as “Private Meeting Room” and post a one-page etiquette sheet at the door and inside the space. Provide visual privacy (door, blinds, or panels), sound mitigation (door seals or white noise), and ADA-conformant widths and reach ranges. Add a “What Staff Can Help With / Cannot Do” sign to reinforce role boundaries.



PRO TIP: Add a QR code inside the room that links to etiquette, a tech-check script, and a “need help” text option.

Design Note: Reducing Stigma in Telehealth Spaces

Avoid overt telehealth branding on rooms or booths so spaces feel multipurpose and ordinary. Normalize use by listing several privacy-oriented activities on signage (e.g., legal aid, social services, counseling, and health visits). Include culturally responsive visuals and language options, ensure wheelchair maneuverability, and provide room for a caregiver or interpreter. These design choices signal dignity and confidentiality and reduce hesitation among first-time users.

Technology Setup

Provide a stable connection; test upload speeds at service points and record a target minimum in a checklist. Standardize devices and logins for staff use and keep a short tech-check script for camera, microphone, captions, and platform logins. Stock a small kit with a USB webcam, a headset with a microphone, a lightweight light source, wipes, and a laminated portal-quick-keys sheet.

PRO TIP: Host a monthly try-it hour for patrons to practice camera, microphone, captions, and platform steps.

Accessibility and Language Access

Offer captioning guidance, large-print handouts, and instructions for language toggles in portals and apps. Pre-configure demo accounts with accessibility features enabled and test them on the platforms local providers use. For multilingual programs, translate core handouts, and display a simple notice about interpreter support and lead times.

PRO TIP: Print a visual map showing taps to switch languages in top local portals, and add QR codes that deep-link to those settings.

Staffing and Training

Use consistent role language: library workers support access, skills, and navigation but do not provide clinical advice. Crosstrain staff and volunteers serving as digital navigators in scripts, etiquette, emergency procedures, and common platform tasks. Build a micro-library of job aids and screenshot walk-throughs for rapid refreshers.

PRO TIP: Put the top five scripts on a lanyard card, including how to deflect clinical questions and how to handle outages.

Workflow and Scheduling

Use the existing study-room tool or a simple phone process to book private rooms and collect only what is necessary to reserve. Send confirmations with etiquette, a tech-check prompt, and the cancellation policy. Reserve a daily slot for same-day requests and a shorter “tech-check only” appointment type.



PRO TIP: Place reservation QR codes on device kits and at service desks to reduce staff time.

Safety, Risk, and Incident Response

Keep a brief emergency plan at each service point, including instructions on when to call 911, how to follow dispatcher instructions, and how to document an incident. Train staff on de-escalation and privacy protection during incidents. Clean equipment and surfaces between uses, and log cleanings on a simple checklist.

Youth Participation and Age Guidance

This guide focuses on adult programming. Libraries should state age eligibility in event listings and room reservation policies and should follow existing youth services policies and safeguarding procedures when minors attend a session or request use of a private telehealth space. When individualized assistance is needed, use standard youth safety practices: obtain caregiver permission and ensure caregiver presence when required, provide assistance at the doorway or in a visible staff area when privacy allows, and involve a second staff member for extended support. Apply the same privacy practices for all patrons: do not collect personal health information, do not record visits, and document any incident and required follow-up using established library procedures.

PRO TIP: Mount a discrete “Need Help?” card inside booths with the service-desk extension and a QR code for texting a navigator.

Outreach and Promotion

Use plain-language flyers and pathfinders that emphasize who the service is for and how to reserve. Co-brand with partners when appropriate and highlight tech-check times. Health-communication guidance recommends materials that are clear and easy to interpret for readers at about a 4th–6th grade reading level. Put reservation QR codes on device-lending kits and an A-frame sign on telehealth days to cue walk-ups.



PRO TIP: Convert common questions into a one-page FAQ and post it near private rooms and on the website.

Partnerships and Governance

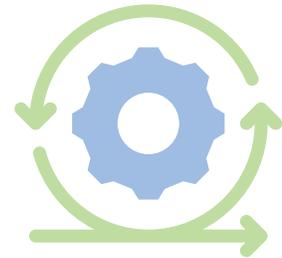
Use light-weight memoranda of understanding that cover contacts, scheduling, marketing, and mutual expectations without exchanging patron health data. Invite community health workers or digital navigators during peak hours; warm handoffs improve follow-through. Keep a simple partner roster with update dates.

PRO TIP: Ask each partner for a one-page “How to Contact Us for Next Steps” sheet for the pathfinder and exit materials.

Assessment and Learning from Tries

Assessment Quick-Start

After each session or support appointment, use the mini-survey and the task and barrier checklist to record participation, completed tasks, barriers, and confidence shifts. Review results monthly to refine scheduling, signage, and support.



Default Mini-Survey (Post)

1. **Usefulness:** “This program helped me accomplish a health-related task today.”
2. **Confidence:** “I feel more confident completing this task on my own.” (0–10)
3. **Access:** “I have access to a device, connection, and a private space for a telehealth visit.” (Yes/No)
4. **Action Taken:** “I set up a portal account, scheduled or completed a visit, or sent a message.” (Yes/No; select which)

Pre/Post Overlay

Ask the confidence item before and after hands-on activities to see short-term shifts.

Task Completion and Barrier Checklists

Log completed tasks and mark barriers for “not completed” (device, connectivity, language, accessibility, time, anxiety, other).

Two-Week Follow-Up (Encouraged)

When staffing allows, follow up about two weeks after a session or support appointment to learn whether participants used the skills and completed the task they planned. Use an opt-in approach and contact only participants who agreed to follow up, using the method they selected (text, email, or phone). If the library cannot contact everyone, follow up with a small sample each month and record two measures: whether the participant completed the planned task and the primary barrier when the task was not completed. Ask: “Were you able to use what you learned?” If no, ask: “What got in the way, and would another appointment help?” Collect only information needed for service improvement, avoid personal health details, and record results in aggregate.

Named Library Tools

For quick outcome surveys, many libraries use Project Outcome (health and digital learning survey sets). For internal capacity benchmarking and planning, Urban Libraries Council’s Edge 360 helps track infrastructure, policies, and practice improvements over time.

Program-Level Frameworks

Use RE-AIM to frame goals and interpret results: Reach (who), Effectiveness (what changed), Adoption (where and by whom), Implementation (how consistently), and Maintenance (what continued). This lens helps teams compare offerings and prioritize improvements without heavy instruments. When combined with brief surveys, counts, and annotated checklists, RE-AIM provides a consistent structure for assessing short-term learning and service quality that fits public library contexts.

Learning From Tries

When turnout is low or a step stalls, record when and where, who co-branded, how the program was promoted, which barriers appeared, and what will change next time. Try again within one month and compare. Make small, visible adjustments—time of day, language options, signage, or a pre-visit tech check—and document what helped.



REFERENCES

- Bertling, T.** (2024, February 2). From telehealth to tools: Pottsville Library connecting community. Public Health Watch. publichealthwatch.org/2024/02/02/from-tele-health-to-tools-pottsville-library-connecting-community
- Centers for Disease Control and Prevention.** (2014, April 25). Appendix E: Strategies for Providing Information to Clients. MMWR Recommendations and Reports. [cdc.gov/mmwr/preview/mmwrhtml/rr6304a6.htm](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a6.htm)
- Chiricuzio, S.** (2022, February 8). Public libraries tackle telehealth challenges. Library Journal. [libraryjournal.com/story/Public-Libraries-Tackle-Telehealth-Challenges](https://www.libraryjournal.com/story/Public-Libraries-Tackle-Telehealth-Challenges)
- Collingswood Public Library.** (n.d.). NJHealthConnect @ your library. [collingswoodlib.org/njhealthconnectyour-library/](https://www.collingswoodlib.org/njhealthconnectyour-library/)
- Cyber-Seniors.** (n.d.). Free technology support and training for older adults. [cyberseniors.org](https://www.cyberseniors.org)
- DeGuzman, P. B., Garth, J. L., Sanjay, K., & Compton, R. M.** (2023). Extending health care access via telemedicine in public libraries. Journal of the American Association of Nurse Practitioners, 35(3), 208–215. doi.org/10.1097/JXX.0000000000000819
- Delaware Division of Libraries.** (2021, May 12). Telehealth kiosk and device loaning pilot launch. [news.delaware.gov/2021/05/12/telehealth-kiosk-device-loaning-initiative-pilot-launch](https://www.news.delaware.gov/2021/05/12/telehealth-kiosk-device-loaning-initiative-pilot-launch)
- Delaware Libraries.** (n.d.). Get Connected: Private spaces for telehealth. guides.lib.de.us/getconnected
- Delaware Public Media.** (2023, August 10). Libraries across the state are bolstering their community resources with telehealth kiosks. [delawarepublic.org](https://www.delawarepublic.org)
- Enis, M.** (2023, September 18). Call a Doctor: COVID-Generated Library Telehealth Programs Continue to Grow. Library Journal. [libraryjournal.com/story/call-a-doctor-covid-generated-library-telehealth-programs-continue-to-grow](https://www.libraryjournal.com/story/call-a-doctor-covid-generated-library-telehealth-programs-continue-to-grow)

- GCFGlobal. (n.d.). Digital skills. edu.gcfglobal.org/en/topics/digitalskills
- Glasgow, R. E., Harden, S. M., Gaglio, B., Rabin, B., Smith, M. L., Porter, G. C., Ory, M. G., & Estabrooks, P. A. (2019). RE-AIM planning and evaluation framework: Adapting to new science and practice with a 20-year review. *Frontiers in Public Health*, 7, 64. doi.org/10.3389/fpubh.2019.00064
- Glasgow, R. E., Vogt, T. M., & Boles, S. M. (1999). Evaluating the public health impact of health promotion interventions: The RE-AIM framework. *American Journal of Public Health*, 89(9), 1322–1327. doi.org/10.2105/AJPH.89.9.1322
- Hamann, K., Ward, Z., & DeGuzman, P. B. (2024, March 11). Telehealth in libraries: Pre-implementation workbook (Version 4). Indiana Rural Health Association. indianaruralhealth.org/clientuploads/resources/Telehealth_in_Libraries_Workbook_v4_3.11.24.pdf
- HealthLeaders. (2025, May 10). Reading, writing, and wellness: Libraries try out telehealth kiosks. healthleadersmedia.com/innovation/reading-writing-and-wellness-libraries-try-out-telehealth-kiosks
- Idaho Commission for Libraries. (2024). Digital inclusion at your library: Survey report 2024. libraries.idaho.gov/wp-content/uploads/Digital-Inclusion-at-Your-Library-Survey-Report-2024.pdf
- Idaho Commission for Libraries. (2024). Telehealth toolkit. libraries.idaho.gov/telehealth/toolkit
- Krupinski, E. A., Abbey, D., Muralidaran, M., Steele, F., & Strawley, G. (2025). Libraries as telehealth hubs: Bridging the digital divide and expanding healthcare access. *Telemedicine Reports*, 6(1), 1–5. doi.org/10.1089/tmr.2024.0075
- National Consortium of Telehealth Resource Centers. (2024, December 19). Telehealth access points (TAPs) best practices guide. telehealthresourcecenter.org/resources/toolkits/telehealth-access-points-taps-best-practices-guide
- New Jersey State Library. (2023, September). Library Journal 2023: NJHealthConnect @ your library. libraryjournal.com/story/call-a-doctor-covid-generated-library-telehealth-programs-continue-to-grow
- New Jersey State Library. (2025, January). NJHealthConnect @ Your Library: First Steps [PDF]. njstatelib.org/wp-content/uploads/2025/01/First-Steps.pdf
- Public Library Association. (2025, August 19). PLA celebrates Project Outcome success; transitions resources for free, ongoing use. ala.org/news/2025/08/pla-celebrates-project-outcome-success-transitions-resources-free-ongoing-use
- Public Library Association. (n.d.). DigitalLearn training. training.digitallearn.org
- Tech Life Unity. (n.d.). Tech Life Unity (formerly TechBoomers). techlifeunity.com
- University of New Mexico Health Sciences Newsroom. (2025, June 4). Telehealth booths: The new exam room. hscnews.unm.edu/news/telehealth-booths-the-new-exam-room
- Urban Libraries Council. (2024). Edge 360. urbanlibraries.org/initiatives/library-leadership/edge-360



KEY TAKEAWAYS

As you design or refine services, keep these essential elements in view. They mirror the language and practices used throughout this guide so teams, partners, and patrons stay aligned.

- **Library workers are information professionals not clinicians, and public libraries are not clinical settings.** Staff provide space, devices, connectivity, navigation support, and digital-skills instruction. Staff **do not** interpret test results, recommend treatments, or document personal health information. Most public libraries are not HIPAA-covered entities; be aware of the policies and laws that govern your library. Scripts and signage make these boundaries clear to patrons and partners.
- **Public libraries are trusted, nonclinical health connectors.** Libraries lower barriers to online health information and telehealth by offering welcoming spaces, free connectivity, and skilled information professionals. The goal is to connect people with credible sources, practical skills, and services—not to provide clinical care.
- **Privacy by design is essential.** Privacy must guide every step: design private rooms or booths; minimize the data you collect; avoid storing health details in library systems; use plain-language disclaimers about the limits of assistance; and normalize simple practices such as using headphones, browsing in a private session, signing out, and posting “cleaned at” checklists.
- **Equity and inclusion are built in, not bolted on.** Reservable private spaces, reliable internet, device lending, and accessibility features—captioning, large-print handouts, and screen-reader support—close gaps tied to device access, broadband, disability, language, and limited time. Multilingual materials and options to bring a caregiver or interpreter make services usable for more people.
- **Digital literacy is the foundation of online health literacy.** Confidence with everyday tasks—email, portals, video visits, and privacy basics—makes adults more successful and discerning users of online health resources. Address common barriers (fear, access, language, and accessibility) with step-by-step, hands-on instruction and clear, picture-based guides.
- **Start with vetted sources and teach fast credibility checks.** Lead with consumer-facing, noncommercial resources (e.g., MedlinePlus and Telehealth.HHS.gov) before widening web searches. Coach patrons on how to apply quick habits: check author and date, look for references, verify the site’s purpose, trace claims, and ask a clinician when a question becomes medical.
- **Telehealth Access Points (TAP) make service delivery workable.** A TAP pairs a private, bookable space with sound mitigation, a standard tech kit (computer, webcam, headset, and adjustable light), an accessibility starter kit, a ten-minute tech check, neutral room names, cleaning protocols, and minimal data collection.

- **Partnerships multiply reach and keep roles clear.** Collaborate with community health centers, public health departments, adult education, disability services, interpreter services, and community health workers. Use short MOUs (memoranda of understanding) and warm referrals. Do not accept clinical responsibilities or exchange patron health data.
- **Programs that work—at any budget—are staff-led by default.** Effective starters include **Telehealth Open Hours**, **Digital Literacy for Health Access** workshops, **Spotting Health Misinformation Online** sessions, portal help desks, device lending with quick-start cards, mobile pop-ups, and multilingual series. Scale with partners, interpreters, or navigator hours as resources allow.
- **Measure lightly and improve continuously.** Use a two-minute mini-survey (usefulness; confidence 0–10; access; action taken), a brief task/barrier checklist, and a monthly review of logs to adjust hours, signage, and supports. For comparability, use **RE-AIM** (Reach, Effectiveness, Adoption, Implementation, and Maintenance) to organize what you track. (Glasgow et al., 1999; Glasgow et al., 2019).
- **Everyday practices and scripts keep service consistent.** Post a **What Staff Can / Cannot Do** card; use standard language to deflect clinical questions; follow a simple support flow (welcome/orient → tech check → access check → privacy check → visit handoff → reset); and post clear emergency steps at every service point.

Share these points with staff and partners to align expectations. Pilot one low-lift option (e.g., a ten-minute tech check or **Telehealth Open Hours**), start the mini-survey on day one, and review results after four weeks. Keep this summary visible to support sound decisions in the moment and to demonstrate progress over time.



APPENDIX

HANDOUTS AND TEMPLATES

This section contains thumbnails of downloadable handouts which can be found at ala.org/digitalpathwayshandouts. The text of the handouts can also be used as a basis for library workers to create their own handouts, customized to their library and particular needs.

LOOKING FOR SOMETHING IN PARTICULAR?

Terminology and role boundaries INTRODUCTION

HIPAA applicability and misinformation definitions SECTION I

Privacy by design, staffing models, space planning, workflow, and outreach SECTIONS III AND IV

Step-by-step curricula and micro-lessons SECTION II

Program templates, implementation tools, and assessment supports SECTION IV

At-a-Glance Toolkit Index

Quick Guide to Handouts and Templates

Purpose

The At-a-Glance Toolkit provides short, practical handouts and templates for common digital navigation support workflows. Each tool can function as a printable resource and as an editable download.

Audience Key

- **Patron-Facing:** Take-home or room-use resources for patrons
- **Library Worker-Facing:** Point-of-service tools for library workers
- **Partner-Facing:** Referral and partnership tools for external organizations

How to Use This Toolkit

- Post room signage in visible locations.
- Provide patron-facing forms as take-home resources when next steps exist.
- Keep library worker-facing tools at service points for quick reference.
- Update tool content and the Version Date when platforms, policies, or workflows change.

Patron-Facing Handouts

- **How to Join a Telehealth Visit** ([page 66](#))
- **Camera and Microphone Test Guide** ([page 67](#))
- **Sample Email/Text Message for a Telehealth Visit** ([page 68](#))

Room Guidelines Sheets ([page 69](#))

- **Door Sign:** Privacy and quiet expectations, return time, help contact, role boundaries
- **Desk Sign:** Room use guidance, privacy and security checklist, technology support scope, role boundaries

Library Worker-Facing Tools

Planning Checklist ([page 72](#))

- Identifying who audience will be; who will be part of planning process
- Spacing plan, staffing plan, library outreach, evaluation

What Library Workers Can and Cannot Do ([page 73](#))

- Role boundaries card text for lanyards, desk reference, and signage

Tech-Check Script ([page 74](#))

- Internet, sound, microphone, camera, captions, and join steps
- Backup plan and privacy reminders

Portal Quick Keys and Language Toggles ([page 77](#))

- Common buttons, icons, and settings across portals
- Language toggle guidance and accessibility cues
- Keyboard and browser shortcuts for navigation and readability

Partner-Facing Tools

Digital Navigation Support Referral Form ([page 81](#))

- Minimal referral information for scheduling and navigation support
- Consent confirmation and outcome update option
- Clear “Do Not Include” limits for privacy protection

Memorandum of Understanding Template ([page 83](#))

- Partnership scope, responsibilities, referral methods, and privacy limits
- Signature blocks and review cycle

Referral Pathway Flowchart ([page 88](#))

- Flowchart labels for partner referrals and direct requests
- Consent step, scheduling step, session step, and follow-up step
- Optional outcome update to partners with patron consent

Evaluation Templates

Mini-Survey ([page 92](#))

After-Action Notes ([page 93](#))

- De-identified session reflection and barrier tracking
- Workflow notes, training needs, and improvement items

Session Summary ([page 96](#))

- Goal, work completed, next steps, and follow-up plan
- Password reminder and sign-out reminder

Post-Visit Survey and Barrier Checklist ([page 98](#))

- Patron feedback on respect, clarity, confidence, and access
- Barrier checklist for common obstacles and service improvements
- Print format and QR format options

LAST UPDATED: _____

PATRON-FACING HANDOUTS

How to Join a Telehealth Visit



1. Schedule an Appointment

Use your healthcare provider's online portal or call their office to schedule your telehealth appointment. Be sure to save the link their office sent you to get onto the call at the right time.

2. Prepare Your Device

Make sure your device is charged, and check that your camera and microphone are functioning properly.

3. Find a Quiet Space

Choose a quiet, well-lit space for your telehealth session to ensure clear communication with your provider.

4. Connect to the Internet

Use Wi-Fi or a reliable data connection. Ask your library for help if you need assistance getting online.

5. Wait for the Provider

Stay logged in and wait until the provider joins your telehealth session.

6. Start Your Visit

Speak clearly, answer questions, share your symptoms, and ask questions if needed.

7. End the Visit and Next Steps

Write down any instructions or prescriptions your provider gives you. Schedule follow-up appointments if needed. Make sure you understand your next steps before leaving the session.

Camera and Microphone Test Guide



1. Open the Camera/Mic Test Tool

Begin by accessing your device's built-in settings or using the telehealth platform's provided tool to check your camera and microphone functionality.

2. Check Your Camera

Look at the preview window to ensure your face is clearly visible. Adjust your camera if necessary so that you are centered and well-lit.

3. Test Your Microphone

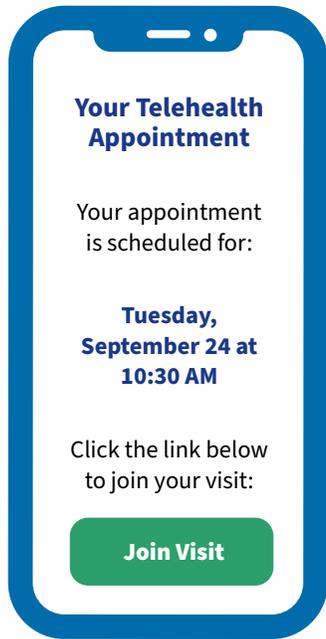
Speak at a normal volume and observe the microphone input bar for movement, indicating that your microphone is detecting sound correctly.

4. Confirm Audio and Video

If both your camera and microphone are working properly and you can see and hear yourself clearly, you are ready to proceed with your telehealth session.

Sample Email/Text Message for a Telehealth Visit

If you decide to speak with your provider on a telehealth visit, your invitation will probably arrive via email, and will look something like this:



From: Dr. Smith's Clinic
Subject: Your Telehealth Appointment

Hello [Patient Name],

Your appointment is scheduled for:
Tuesday, September 24 at 10:30 AM

Click the link below to join your visit:
[JOIN VISIT](#)

If you have trouble connecting, call us at (555) 123-4567.

Thank you,
Dr. Smith's Clinic

When you click the "JOIN VISIT" link on the date and time of your scheduled visit, your online appointment will look something like this:



See the handout "How to Join a Telehealth Visit" for more information about how to log in for your appointment. See the "Camera and Microphone Test Guide" to be sure your tech is ready.

PRIVATE APPOINTMENT IN PROGRESS

Please come back at (time): _____

PLEASE BE QUIET

- Speak softly near the door.
- Respect confidentiality for the person inside.
- Do not wait right outside the door.

ENTERING

- Do not enter without permission.
- Knock only for urgent safety or building problems.

HELP

- Service Desk: _____
- Phone or Text: _____
- Language or accessibility help is available at the service desk.

REMINDERS

- Library workers support technology and information navigation.
- Library workers do not provide medical advice.
- You enter your own usernames and passwords, and we do not store your personal health information.

LAST UPDATED: _____

PRIVATE MEETING ROOM

This room is for private visits.

You can meet with a doctor by video here.

You can also use it for other meetings that require privacy.

Room Rules

- Close the door.
- Speak quietly.
- Use headphones if you can. You can get headphones at the service desk.
- Come 5 minutes early to set up.
- Keep your link, username, and papers close by.

Privacy And Safety Checklist

- Use a Private or Incognito window when you sign in.
- Keep your passwords secret.
- Do not save passwords on shared computers.
- When you finish, sign out of every website and app.
- Close all browser windows.
- Delete files you downloaded on the computer.
- Pick up printed pages right away.
- Take your papers with you.

Tech Help

Library staff can help you:

- Connect to Wi-Fi.
- Turn on the camera and microphone.
- Set up the speakers or headphones.
- Turn on captions.
- Click the steps to join your video visit.

What Library Staff Cannot Do

Library staff do not:

- Give medical advice.
- Explain test results or health records.
- Join your appointment or listen to it.
- Keep or write down your passwords or health information.

If you have health questions, call your health care team. If you have an emergency, call 911.

Help During Your Appointment

If you need help, pause the visit and mute your microphone. Step into the hallway and then ask library workers for help.

Service Desk: _____

Extension: _____

Before Leaving The Room

- Sign out of accounts.
- Close all browser windows.
- Take all of your papers with you.
- Return the library equipment to where you found it.
- Let a library worker know if there was a problem with any of the equipment.

LAST UPDATED: _____

LIBRARY WORKER- FACING TOOLS

Planning Checklist

Community and Stakeholder Scan

- Identify who will benefit most (e.g., older adults, caregivers, rural patrons, new Americans).
- Convene three to five advisors from community health organizations, adult education, disability services, and trusted local leaders.
- Select one or two realistic early use cases (e.g., “video visit space and tech-check support” or “portal sign-up help”).

Policy and Governance

- Approve a **telehealth and online health literacy policy** that covers role boundaries, space use, privacy practices, photography rules, incident reporting, and vendor management.
- Establish “**no-PHI**” rules for library systems (e.g., no diagnoses in room-reservation notes).
- Create a light-weight **memorandum of understanding (MOU)** template for partners that defines contacts, referrals, scheduling, and marketing, without exchanging patron health data.

Space and Technology Plan

- Designate at least one **Telehealth Access Point (TAP)**: a private, bookable room or booth with sound mitigation.
- Set **technology standards** (see next section).
- Provide a **phone-visit fallback** with privacy and a headset.
- Prepare a cleaning protocol and a visible “cleaned at” checklist.

Staffing and Training Plan

- Identify a small core team: a lead librarian, a backup, and one digital navigator or trained volunteer.
- Schedule a two-hour **orientation** (role, scripts, privacy, booking, emergency steps) and a one-hour **hands-on tech lab** (camera, microphone, captions, portals).
- Keep a quick-reference kit at each TAP (see **TAP Essentials**).

Inclusive Outreach Plan

- Co-brand with partners; translate key materials; advertise tech-check slots; include a QR code to reserve spaces or request help.
- Add a short “What to expect” page for first-time telehealth users.

Light-Lift Evaluation Plan

- Track: bookings completed, successful connections, and a one-question confidence ruler (0–10).
- Review logs monthly; adjust hours, signage, or support as needed.

What Library Workers Can and Cannot Do

Role Boundaries Card

Library or Branch (*optional*): _____

What Library Workers Can Do

- Support Wi-Fi connection and basic device settings.
- Support audio and video setup (camera, microphone, speakers, headset).
- Support captions and accessibility settings (text size, magnifier, contrast).
- Support portal navigation (sign-in screens, verification steps, uploads, downloads).
- Support document tasks (scan, save, rename, attach, upload, print).
- Support information search for health topics and support evaluation of sources.

What Library Workers Cannot Do

- Provide medical advice.
- Interpret symptoms, test results, diagnoses, or clinical records.
- Recommend medical decisions or treatment actions.
- Stay in a medical appointment as a listener or participant.
- Request, store, or record passwords or authentication codes.
- Collect, store, or record personal health information in library systems.

Privacy and Account Access

- Patrons enter usernames, passwords, and sensitive information directly whenever possible.
- Library workers can point to steps and explain on-screen options.
- Patrons control form submission, account changes, and disclosure of personal information.

Standard Role Script

Library workers support technology and information navigation. We do not provide medical advice or interpret results. You enter your own usernames and passwords, and we do not store your personal health information. For clinical questions, contact a health care provider. For urgent concerns, contact emergency services.

LAST UPDATED: _____

Tech-Check Script

Camera, Microphone, Captions, and Join Steps

Use Notes

- Use this tech check at the start of a telehealth visit, a video appointment, or a remote support session.
- Offer captions and accessibility supports before the appointment begins.
- Keep passwords private. Library workers do not request, store, or record passwords.

Step 1: Confirm Platform, Timing, and Backup Contact

Say: “A brief tech check will confirm sound, microphone, camera, and captions before the appointment begins.”

Say: “What is the appointment start time?”

Do: Confirm the appointment link or platform name.

Do: Confirm one backup contact method (provider phone number, meeting chat, or rescheduling method).

Step 2: Confirm Internet and Device Readiness

Do: Confirm Wi-Fi connection or data connection.

Do: Confirm the device has adequate battery charge or a power connection.

Do: Confirm headphones availability when privacy requires headphones.

If internet access looks unstable:

- **Do:** Move closer to the Wi-Fi access point when possible.
- **Do:** Disconnect and reconnect to Wi-Fi.
- **Do:** Switch to an alternate connection when available (guest network or mobile hotspot).

Step 3: Confirm Sound (speakers or headphones)

Say: “Can you hear audio from the device?”

Do: Increase volume and confirm the correct output device (speakers or headphones).

Do: Use headphones to reduce echo and improve privacy when headphones are available.

If sound does not work:

- **Do:** Check device volume and mute settings.
- **Do:** Select the correct speaker or headphone output in meeting settings.
- **Do:** Disconnect and reconnect headphones.
- **Do:** Close and reopen the browser or meeting application.

Step 4: Confirm Microphone

Say: “Please say one short word so the microphone check stays clear.”

Say: “Please say: ‘Test.’”

Do: Confirm the microphone icon shows an unmuted state.

Do: Confirm the correct microphone selection in meeting settings.

If the microphone] does not work:

- **Do:** Unmute the microphone in meeting controls.
- **Do:** Allow microphone permissions when the browser prompts for permissions.
- **Do:** Select the correct microphone in meeting settings.
- **Do:** Disconnect and reconnect the headset.
- **Do:** Restart the browser or meeting application.

Step 5: Confirm Camera (when camera use supports the patron)

Say: “Camera use remains optional.”

Say: “Would camera use feel comfortable for this appointment?”

Do: Turn the camera on only with patron agreement.

If the camera does not work:

- **Do:** Allow camera permissions when the browser prompts for permissions.
- **Do:** Select the correct camera in meeting settings.
- **Do:** Close other applications that use the camera.
- **Do:** Restart the browser or meeting application.

Step 6: Turn On Captions and Accessibility Supports

Say: “Would captions help during the appointment?”

Do: Turn captions on when captions are requested. Common labels include CC, Captions, Live Captions, Live Transcript, or Subtitles.

Do: Offer additional supports when needed (text size, magnification, contrast, and pacing).

If captions do not appear:

- **Do:** Check meeting settings for captions or live transcription.
- **Do:** Check browser accessibility settings when the platform does not offer captions.

Step 7: Join Steps

Say: “The next step is joining the appointment.”

Do: Open the appointment link.

Do: Select the join option (browser join or application join).

Do: Select Allow for microphone permissions and camera permissions when permission prompts appear.

Do: Confirm selected speaker and selected microphone before joining.

Do: Select Join, Enter, or Start.

If the join screen does not appear:

- **Do:** Refresh the page.
- **Do:** Check for a pop-up blocker message.
- **Do:** Copy and paste the link into a new browser tab.
- **Do:** Use a different browser when another browser is available.

Step 8: Backup Plan

Say: “A backup plan can keep the appointment moving if audio or video fails.”

Do: Confirm one backup option:

- Provider phone call to the patron
- Meeting chat
- Rescheduled appointment

Step 9: Privacy and Support During the Appointment

Say: “Please keep passwords private. Please enter usernames and passwords directly.”

Say: “Library workers support technology and information navigation. Library workers do not provide medical advice.”

If the patron needs technology help during an appointment:

- **In Person:** Pause the appointment, mute the microphone, and request help outside the room when possible.
- **Remote:** Pause the appointment, mute the microphone, and request help using meeting chat when available.

LAST UPDATED: _____

Portal Quick Keys and Language Toggles

Quick Reference for Online Portals, Forms, and Accounts

Purpose

This quick reference lists common buttons, icons, and settings used across many websites and portals. Icon designs vary by site.

Common Buttons and Icons

Home (house icon)

Return to the main page or dashboard.

Menu (three lines icon)

Open navigation options, settings, and language tools.

Back (left arrow icon)

Return to the previous page or step.

Next / Continue (right arrow icon)

Move to the next step.

Close (“x” icon)

Close a pop-up or dialog box.

Search (magnifying glass icon)

Search within a site.

Help (question mark icon)

Open help articles or contact support.

Settings (gear icon)

Open account and accessibility settings.

Profile / Account (person icon)

Open account profile, messages, or account settings.

Notifications (bell icon)

Open alerts and messages.

Save (disk or checkmark icon or “Save” button)

Save progress without submitting.

Edit (pencil icon)

Change a field or update information.

Upload (up arrow or paperclip icon)

Add a file from a computer or phone.

Download (down arrow icon)

Save a file to a device.

Print (printer icon)

Print a page or document.

Refresh (circular arrow icon)

Reload a page.

Sign In / Log In (text button)

Enter an account.

Sign Out / Log Out (text button)

Exit an account safely.

Common Form Controls

Required Field (asterisk)

A required field must have an entry before submission.

Checkbox (☐)

Select one or more options.

Radio Button (○)

Select one option in a group.

Drop-Down Menu (▼ down arrow icon)

Choose one option from a list.

Calendar Picker (calendar 📅 icon)

Select a date.

Attachment / File Field (paperclip 📎 icon)

Select a document for upload.

Submit / Apply (button)

Send a completed form. Submit actions can be difficult to undo.

Language and Accessibility

Language Toggle (globe 🌐 icon, “Language,” or a language name)

Change page language when the portal offers language options.

Translate (text link or menu option)

Open translation tools inside the site.

Common Language Labels

English, Español, العربية, 中文, Français, Русский, 한국어, Tiếng Việt

Captions (CC 🗣️ icon)

Turn captions on or off during a video visit.

Text Size (“Aa” 📏 icon or “Text Size”)

Increase or decrease on-screen text size.

Contrast (half-black circle ⦿ icon or “Contrast”)

Change contrast for easier reading.

Screen Reader Support (accessibility ♿ icon)

Open accessibility options when the portal provides accessibility settings.

Finding the Language Option

- Check the top right corner of the page for a globe icon or a language name.
- Open the menu when the page does not show a language option.
- Check the bottom of the page when the menu does not include language settings.

Keyboard and Browser Shortcuts

Tab

Move forward through fields and buttons.

Shift + Tab

Move backward through fields and buttons.

Enter

Activate a selected button or link.

Spacebar

Select a checkbox or activate a selected button on many sites.

Esc

Close a pop-up window on many sites.

Find on Page

Windows: Ctrl + F
Mac: Command + F

Zoom In

Windows: Ctrl + +
Mac: Command + +

Zoom Out

Windows: Ctrl + -
Mac: Command + -

Reset Zoom

Windows: Ctrl + 0
Mac: Command + 0

Safe Use Reminders

- Keep passwords private.
- Avoid saving passwords on shared devices.
- Sign out of accounts at the end of use.
- Close all browser windows before leaving.

LAST UPDATED: _____

PARTNER-FACING TOOLS

Digital Navigation Support Referral Form

Use Notes

- Use only the minimum information needed for scheduling and navigation support.
- Exclude passwords and authentication codes.
- Exclude personal health information.
- Library workers support technology and information navigation. Library workers do not provide medical advice.

Referring Organization Information

Organization Name: _____

Referring Staff Name and Title: _____

Email: _____ Phone: _____

Date of Referral: _____

Partner Tracking Code (optional): _____

Patron Contact Information

Patron Name or Initials: _____

Preferred Contact Method: Phone Text Email

Phone Number: _____

Email Address: _____

Best Days and Times to Contact (optional): _____

Preferred Language (optional): _____

Accessibility Support Needs (optional): _____

Reason for Referral

Goals for Support *(check all that apply)*

- Email access *(create account, sign in, password reset steps)*
- Portal access *(create account, sign in, verification steps)*
- Online form navigation *(required fields, error messages, submission steps)*
- Document tasks *(scan, save, rename, attach, upload, print)*
- Appointment scheduling *(create account, select time, confirm details)*
- Telehealth access setup *(join link, audio, video, captions)*
- Accessibility settings *(text size, magnifier, contrast, captions)*
- Language navigation *(site language toggle, translation tools)*
- Other goal *(describe):* _____

Portal or Program Name *(optional):* _____

Preferred Session Format *(optional)*

In Person Phone Video No Preference

Device Type *(optional)*

Smartphone Tablet Laptop Desktop No Device Not Sure

Deadline or Appointment Date *(if applicable)*

Deadline Date: _____

Appointment Date and Time *(if scheduled)*: _____

Consent and Information Sharing**Referral Consent**

Patron consent confirmed for sharing the information on the referral form with the library for scheduling and follow-up.

Consent Method: Written Verbal

Consent Date: _____ Consent Recorded By: _____

Outcome Update Consent *(optional)*

Patron consent confirmed for a minimal outcome update to the referring organization.

Outcome Update Options: Scheduled; Completed; Follow-Up Scheduled; Unable to Reach

Information Limits

Do Not Include:

- Passwords or authentication codes
- Social Security numbers or dates of birth
- Insurance numbers or medical record numbers
- Diagnoses, test results, or clinical notes

Notes for Scheduling *(optional)*

Use general notes only. General notes include best days and times to contact, portal or program name, device type, or deadline timing.

Preferred Scheduling Option *(optional)*

- Library contacts patron to schedule
- Patron schedules directly using a library scheduling link
- Referring staff schedules with patron present

LAST UPDATED: _____

Memorandum of Understanding Template

Digital Navigation, Telehealth Access, and Referral Support Partnership

Template Use

This template provides sample language for a collaboration agreement. This template does not provide legal advice. Each organization should follow internal review and approval processes before signature.

Parties

Organization 1 (Library)

Legal Name: _____

Address: _____

Primary Contact Name and Title: _____

Email: _____ Phone: _____

Organization 2 (Partner Organization)

Legal Name: _____

Address: _____

Primary Contact Name and Title: _____

Email: _____ Phone: _____

Effective Date: _____

End Date (optional): _____

Review Cycle: Quarterly Semiannual Annual Other: _____

Purpose

The Library and the Partner will collaborate to support community members with technology use, online form navigation, and telehealth access. The collaboration will support warm referrals, coordinated service delivery, and privacy-protective workflows.

Service Scope

Services Covered

- Device basics (*phone, tablet, laptop, desktop*)
- Internet access support (*Wi-Fi connection and basic settings*)
- Email access (*account creation and account recovery steps*)
- Portal navigation (*sign-in, verification, uploading, scheduling*)
- Online form navigation (*benefits, employment, housing, education*)

- Telehealth access support (*joining visits, captions, audio, video*)
- Accessibility support (*captions, magnification, text size, contrast*)
- Language access navigation (*site language toggles, browser translation tools*)
- Referrals to community services

Other services: _____

Populations Served (optional)

Service Locations and Formats

- Library location(s): _____
- Partner location(s): _____
- Phone support
- Video support
- Hybrid support

Service Hours and Appointment Model (optional)

Role Boundaries and Patron Control

Role Boundaries

Library workers provide technology support and information navigation. Library workers do not provide medical advice, interpret clinical information, or participate in a medical appointment as a listener or decision-maker.

Patron Control

Patrons control account access, form submission decisions, and disclosure of personal information. Patrons enter usernames and passwords directly whenever possible. Library workers do not request, store, or record passwords.

Responsibilities

Library Responsibilities

The Library will:

- Provide scheduled or walk-in support within available capacity.
- Offer a privacy-aware environment for sessions when space allows.
- Use plain language and accessible practices during support.
- Use standard role-boundary language in service delivery and signage.
- Provide a session summary handout when the appointment model includes take-home steps.
- Document general service outcomes without recording sensitive personal data.

Partner Responsibilities

The Partner will:

- Identify community members who may benefit from navigation support.
- Explain service scope and role boundaries before referral.
- Confirm referral consent before sharing contact information.
- Share program requirements and deadlines that affect referral timing.
- Provide referral context using minimal necessary information.

Referral Process

Referral Method

- Secure online form
- Email (*approved address list*): _____
- Phone
- Shared scheduling link
- Other: _____

Minimum Referral Information (with consent)

- Patron name or initials: _____
- Preferred contact method: Phone Email Text
- Contact information: _____
- Preferred language (*optional*): _____
- Accessibility support needs (*optional*): _____
- Primary goal for support: _____
- Deadlines or appointment dates (*if applicable*): _____

Referral Content Limits

The Partner will not include personal health information in referral materials. The Partner will not include Social Security numbers, insurance numbers, medical record numbers, diagnoses, test results, or clinical notes in referral materials.

Referral Acknowledgment and Scheduling

- Library acknowledgment timeframe: _____ business day(s).
- Scheduling method: Library contacts patron Patron schedules directly Partner schedules with patron present.

Warm Handoff Options (optional)

- Partner staff participates in a scheduling call with patron consent
- Partner staff attends a first session with patron consent
- Shared appointment reminder workflow

Outcome Loop (optional, with patron consent)

The Library may share a minimal status update with the Partner, such as “scheduled,” “completed,” “follow-up scheduled,” or “unable to reach,” without sharing sensitive details.

Privacy, Data Sharing, and Recordkeeping

Data Sharing Limits

The Library and the Partner will share only the minimum information needed to coordinate scheduling and navigation support. The Library and the Partner will not exchange personal health information.

Passwords and Sensitive Credentials

Library workers do not request, store, or record passwords. Patrons enter credentials directly whenever possible.

Notes and Records

The Library may maintain de-identified operational notes for service improvement. The Partner may track referral outcomes consistent with organizational policy. Shared documents will not contain sensitive personal data.

Approved Channels and Storage (optional)

- Approved referral channel(s): _____
- Approved storage location(s): _____
- Referral record retention period: _____

Accessibility and Language Access

The Library and the Partner will:

- Identify language access needs during referral when possible.
- Use plain-language communication and confirm understanding.
- Offer available accessibility supports, including captions and magnification tools when appropriate.
- Provide alternative formats upon request when resources allow.

Space, Equipment, and Safety

Space and Equipment (optional)

The Library will define room access rules, equipment availability, and support limits. The Partner will encourage patrons to bring required documents, devices, chargers, and appointment links when applicable.

Safety and Urgent Needs

Clinical questions should be directed to a health care provider. Emergency situations require emergency services.

Communication and Training

Communication Cadence

- Check-in schedule: Monthly Quarterly As needed
- Primary communication method: Email Phone Meeting

Training and Updates

The Library may provide partner-facing orientation on referral steps, role boundaries, and common portal workflows. The Partner may provide program updates, eligibility changes, and deadline changes that affect patron navigation needs.

Evaluation and Continuous Improvement

The Library and the Partner may review:

- Referral volume and referral completion rates
- Common barriers observed (*device, internet, email, documents, accessibility, language*)
- Appointment outcomes and follow-up needs
- Workflow changes needed for efficiency and privacy protection

Financial Terms

The Memorandum of Understanding does not create a financial obligation unless both parties add a written funding arrangement.

Term, Renewal, and Termination

Term

The Memorandum of Understanding remains in effect from the Effective Date through the End Date, unless renewal occurs.

Renewal

Renewal may occur by written agreement of both organizations.

Termination

Either organization may terminate the Memorandum of Understanding with _____ days written notice.

Signatures

Library Representative

Name and Title: _____

Signature: _____

Date: _____

Partner Representative

Name and Title: _____

Signature: _____

Date: _____

LAST UPDATED: _____

Referral Pathway Flowchart

Example Flowchart Title:

Referral Pathway for Digital Navigation Support

Flowchart Note:

Use only the minimum information needed for scheduling and navigation support. Do not share passwords. Do not include personal health information in referrals.

Box 1:

Identify a Need

A community member needs help with technology, online forms, or telehealth access.

Box 2:

Explain Scope and Role Boundaries

- Library workers support technology and information navigation.
- Library workers do not provide medical advice.
- Library workers do not interpret clinical information.

Box 3:

Confirm Consent to Share Contact Information

Consent covers referral information and follow-up contact.

Decision Diamond 1:

Referral Source

- Partner Referral
- Direct Request (patron contacts the library)

Partner Referral Path

Box 4A:

Partner Prepares Referral

Include only:

- Patron name or initials
- Preferred contact method and contact information
- Preferred language (if known)
- Accessibility support needs (if known)
- Primary goal for support
- Deadline or appointment date (if applicable)

Do Not Include:

Passwords, Social Security numbers, insurance numbers, medical record numbers, diagnoses, test results, or clinical notes.

Box 5A:

Partner Sends Referral

Referral Method:

- Secure Form
- Phone
- Email
- Scheduling Link
- Other: _____

Box 6A:

Library Acknowledges Referral and Schedules Session

Acknowledgment Timeframe:

_____ business day(s)

Scheduling Method:

- Library contacts patron
- Patron schedules directly
- Partner schedules with patron present

Direct Request Path

Box 4B:

Patron Contacts the Library

Contact Method:

- Phone
- In Person
- Email
- Scheduling Link

Box 5B:

Library Confirms Session Details

Confirm goal, deadlines, preferred language, and accessibility supports.

Box 6B:

Library Schedules Session or Provides Walk-In Option

Scheduling Method:

- Appointment
- Walk-In Hours

Shared Session Path

Box 7:

Session Preparation

Bring or locate:

- Appointment link or portal name
- Username or email (password kept private)
- Required documents
- Device and charger (if applicable)

Box 8:

Digital Navigation Session

Library workers support:

- Wi-Fi connection and device settings
- Camera, microphone, speakers, and headset setup
- Captions and accessibility settings
- Portal and form navigation
- Patrons enter passwords and sensitive information directly whenever possible.

Box 9:

Session Wrap-Up

Provide a Session Summary Form and next steps. Schedule follow-up when needed.

Decision Diamond 2:

Follow-Up Needed?

Yes

No

Box 10:

Follow-Up Session (if needed)

Confirm documents, deadlines, and next steps before the next session.

Optional Outcome Loop (partner referral only)

Box 11 (optional):

Outcome Update to Partner (with patron consent)

Status Options: Scheduled; Completed; Follow-Up Scheduled; Unable to Reach

Do not share sensitive details.

Footer (small text):

For clinical questions, contact a health care provider. For urgent concerns, contact emergency services.

LAST UPDATED: _____

EVALUATION TEMPLATES

These tools can be modified for use in your own library.

Mini-Survey

This service helped me accomplish a health-related task today.

- YES
- NO

I feel more confident completing this task on my own.

Please rank from 0 (no more confident) to 10 (much more confident):

0 1 2 3 4 5 6 7 8 9 10

I have access to a device, Internet connection, and private space for a future visit.

- YES
- NO

Today I completed one of the following: joined a video visit, set up a portal account, sent a secure message, uploaded a document.

- YES
- NO

Check which applies:

- Joined a video visit
- Set up a portal account
- Sent a secure message
- Uploaded a document

After-Action Notes

Library Worker Learning and Continuous Improvement

Privacy Note

Do not record patron names, passwords, Social Security numbers, medical details, or other sensitive personal data.

Session Information

Date: _____ Start Time: _____ End Time: _____

Session Format: In-Person Phone Video

Session Type: Walk-In Appointment Partner Referral

Library Location (*optional*): _____

Library Worker Name: _____

Patron Initials or Case Label (*optional*): _____

Patron Goal

Work Completed

Describe completed steps and remaining steps.

Barriers Observed

Check all that apply. Add notes when helpful.

- Device access (*no device, shared device, broken device*)
- Internet access (*no service, low bandwidth, data limits*)
- Email access (*no email account, locked account, inbox access*)
- Password access (*forgotten password, multi-factor authentication issues*)
- Documentation gap (*missing identification, missing forms, missing proofs*)
- Website usability (*confusing steps, unclear labels, timeouts, errors*)
- Accessibility need (*vision, hearing, mobility, cognitive, captioning, text size*)
- Language access need (*interpretation, translation, plain-language support*)
- Time constraint (*appointment length, competing responsibilities*)
- Privacy constraint (*sensitive information, public setting concerns*)
- Other barrier (*describe*): _____

Barrier Notes

Support Provided

Check all that apply. Add details when helpful.

- Wi-Fi connection and device settings
- Camera, microphone, speakers, headset setup
- Captions and accessibility settings
- Portal navigation (*sign-in steps, verification steps, upload steps*)
- Document support (*scan, save, upload, file naming, file location*)
- Form navigation (*required fields, error messages, submission steps*)
- Account recovery steps (*password not collected or recorded*)
- Session Summary completed for patron
- Referral provided (*with patron consent*)
- Other support (*describe*): _____

Support Notes

Referrals and Resources Shared

Record organization names and general topics. Do not record sensitive personal details.

Follow-Up Actions

Follow-Up Needed: Yes No

Next Appointment Scheduled: Yes No Date/Time (*if scheduled*): _____

Preparation for Next Session

What Worked Well

What to Improve Next Time

Training or Tool Updates Needed

- Add a step-by-step job aid for a common portal task
 - Update the Quick Keys and Language Toggles reference
 - Update the Tech-Check Script for a platform change
 - Improve room equipment (headphones, webcam, microphone, printer)
 - Improve appointment workflow (time allotment, scheduling, reminders)
 - Other improvement (describe): _____
-

Notes for Program Learning

LAST UPDATED: _____

Session Summary

Session Information

Session Format: In Person Phone Video

Date: _____ Start Time: _____ End Time: _____

Library Location (optional): _____

Library Worker Name (optional): _____

Patron Name or Initials (optional): _____ Preferred Language (optional): _____

Accessibility Support Requested (optional): _____

Goal for Today *(Write below)*

Work Completed Today *(Check all that apply. Add details when helpful.)*

- | | |
|--|--|
| <input type="checkbox"/> Created an email account | <input type="checkbox"/> Completed an online form or application |
| <input type="checkbox"/> Signed in to an email account | <input type="checkbox"/> Scheduled an appointment |
| <input type="checkbox"/> Reset an account password (Library workers cannot store or record passwords.) | <input type="checkbox"/> Joined a video meeting or telehealth visit |
| <input type="checkbox"/> Created an online account (portal or website) | <input type="checkbox"/> Turned on captions |
| <input type="checkbox"/> Verified an account (email or phone verification) | <input type="checkbox"/> Adjusted accessibility settings (text size, contrast, screen reader, magnifier) |
| <input type="checkbox"/> Updated an online profile | <input type="checkbox"/> Connected a device to Wi-Fi |
| <input type="checkbox"/> Uploaded documents | <input type="checkbox"/> Practiced a digital skill (describe): _____ |
| <input type="checkbox"/> Downloaded or saved documents | <input type="checkbox"/> Other (describe): _____ |

Links and Reference Information *Write website names and usernames. Do not write passwords.*

Website or Portal Name: _____ Username or Email: _____

Website or Portal Name: _____ Username or Email: _____

Website or Portal Name: _____ Username or Email: _____

Confirmation or Reference Numbers *(optional)*

Program or Portal: _____ Confirmation or Case Number: _____

Program or Portal: _____ Confirmation or Case Number: _____

Next Steps *List next steps in order. Add due dates when deadlines apply.*

1. _____ Due Date (if any): _____

2. _____ Due Date (if any): _____

3. _____ Due Date (if any): _____

4. _____ Due Date (if any): _____

Documents/Items to Bring Next Time

- | | |
|---|--|
| <input type="checkbox"/> Photo identification | <input type="checkbox"/> Letter, notice, or case details (case number or reference number) |
| <input type="checkbox"/> Proof of address | <input type="checkbox"/> Device and charger |
| <input type="checkbox"/> Proof of income | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Insurance card | |

Follow-Up Plan

Follow-Up Needed: Yes No

Next Appointment Date (if scheduled): _____ Time: _____

Preferred Contact Method (optional): Phone Email Text

Preferred Contact Information (optional): _____

Library Contact Information: _____

Privacy Reminders

- Keep passwords private. Library workers can guide password reset steps. Library workers cannot store or record passwords.
- Sign out of portals, email accounts, and meeting platforms at the end of each session.
- Take printed pages and personal documents before leaving.

LAST UPDATED: _____

Post-Visit Survey and Barrier Checklist

Mini-Survey

Survey completion remains optional. Survey completion does not affect access to library services.

Date (optional): _____ Location (optional): _____

1. Respect and Support

Library workers treated me with respect.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

2. Clarity

Session steps and next steps feel clear.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

3. Confidence

Technology confidence increased.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

4. Access and Comfort

Session space and support met my needs.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

5. Most Helpful Part (optional)

6. One Improvement (optional)

Follow-Up Request (optional)

Follow-Up Requested: Yes No Preferred Contact Method: Phone Email Text

Contact Information: _____ Preferred Language (optional): _____

Barrier Checklist

Barrier checklist completion remains optional.

Barriers Observed Today *(check all that apply)*

- No device available
- Shared device limits privacy or access
- Device problems *(battery, updates, storage, unfamiliar settings)*
- No reliable internet or data plan
- No email account or no email access
- Password problems or account lockout
- Multi-factor authentication problems *(codes, apps, phone access)*
- Missing documents or identification
- Website problems *(errors, timeouts, confusing steps)*
- Upload problems *(file type, file size, file location)*
- Accessibility need *(vision, hearing, mobility, cognitive, captions, text size)*
- Language access need *(interpretation, translation, plain-language support)*
- Time constraint *(work schedule, caregiving, limited appointment time)*
- Transportation or scheduling barrier
- Other Barrier *(describe):* _____

Help Requested for Barriers

Barrier Support Requested: Yes No

Barrier Notes (optional)

QR Code and Short URL (optional)

Online Form Short URL: _____

QR Code: *[Place QR Code Here]*

LAST UPDATED: _____

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