**Data Analysis and Interpretation - QUAN**

**Table 1**

*Sample Description*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Entity** |  | **Frequency** | **Percentage** | **Mean** | **S.D** |
| Age |  |  |  | 49.93 | 11.34 |
| Gender | *Male* | 8 | 26.7 |  |  |
|  | *Female* | 14 | 46.7 |  |  |
|  | *Transgender, male-to-female* | 3 | 10 |  |  |
|  | *Transgender, female-to-male* | 3 | 10 |  |  |
|  | *Transgender, gender non-conforming* | 2 | 6.7 |  |  |
| Hispanic/Latino or Spanish origin | *Yes* | 1 | 3.3 |  |  |
|  | *No* | 29 | 96.7 |  |  |
| Race | *Black or African-American* | 6 | 20 |  |  |
|  | *American Indian or Alaska Native* | 3 | 10 |  |  |
|  | *Asian* | 4 | 13.3 |  |  |
|  | *Native Hawaiian or Other* | 2 | 6.7 |  |  |
|  | *White* | 15 | 50 |  |  |
| Library Location | *Large City* | 3 | 10 |  |  |
|  | *Suburb near large city* | 3 | 10 |  |  |
|  | *Small city or town* | 16 | 53.3 |  |  |
|  | *Rural area* | 8 | 26.7 |  |  |
| Sample Size |  | 30 | 100 |  |  |

The sample included 30 librarians with an average age just under 50 years (M = 49.93, SD = 11.34). This indicates most respondents were middle-aged. Regarding gender, 14 (46.7%) were female, 8 (26.7%) were male, 3 (10%) were transgender male-to-female, 3 (10%) were transgender female-to-male, and 2 (6.7%) were transgender gender non-conforming. While there was diversity in terms of transgender status, females made up close to half of the relatively small sample. In terms of race, half of the respondents (n = 15, 50%) were White. The remaining respondents were Black/African American (n = 6, 20%), Asian (n = 4, 13.3%), American Indian/Alaska Native (n = 3, 10%), and Native Hawaiian/Other Pacific Islander (n = 2, 6.7%). Only 1 respondent (3.3%) identified as Hispanic/Latino/Spanish origin. This breakdown indicates most respondents were non-Hispanic Whites. Regarding library location, the most common settings were small cities/towns (n = 16, 53.3%) and rural areas (n = 8, 26.7%), together accounting for 80% of respondents. Suburbs near large cities and large cities accounted for 3 respondents each (10% each). Therefore, the sample had a limited representation of libraries in larger urban centers.

**Table 2**

*Engagement with Community Members and Stakeholders*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Questions:** **How often does your library's management team:** | **Mean** | **Standard Deviation** | **Correlation with low income** | **Correlation with food insecure** | **Correlation with housing insecure**  |
| Invite community members to be part of the library decision-making process (e.g., services, collections, etc.) | **3.23** | **.97** | **-.06** | **-.217** | **.073** |
| Encourage input and feedback from community members about library services (e.g., surveys, idea boxes, etc.) | **3.90** | **.76** | **.01** | **.086** | **.218** |
| Offer professional development to librarians on how to work effectively with communities | **3.50** | **.97** | **.204** | **.157** | **.266** |
| Participate in community-wide planning to strengthen wellbeing (physical, social, emotional) in your community | **3.17** | **.99** | **.269** | **.39\*** | **.359** |
| Discuss community needs regarding physical health topics | **2.77** | **.82** | **.217** | **.418\*** | **.433\*** |
| Discuss community needs regarding mental health topics | **2.83** | **.99** | **.376\*** | **.449\*** | **.503\*** |
| Invite health providers to be part of the library decision-making process (e.g., services, collections, etc.) | **2.33** | **1.03** | **.399\*** | **.282** | **.459\*** |
| Encourage input and feedback from health providers about library services (e.g., surveys, idea boxes, etc.) | **2.53** | **1.22** | **.484\*** | **.522\*** | **.462\*** |
| **Overall** | **3.03** | **.642** | **.386\*** | **.410\*** | **.532\*** |

\* Correlation is significant at .05 level (2-tailed).

On average, librarians reported sometimes to often engaging community members and stakeholders in health programming decisions (M = 3.03, SD = .64, range 1-5 with higher scores indicating more frequent engagement). Inviting input/feedback from community members (M = 3.90) and offering librarian training (M = 3.50) were the most commonly reported. The least common practices were inviting health providers into decisions (M = 2.33) or soliciting their input (M = 2.53).

Significant positive correlations emerged between library location in lower-income areas and inviting health providers into decisions (r = .399) and soliciting their input (r = .484). Similar correlations existed between library location in food insecure areas and community planning participation (r = .39) and discussing health needs (physical health r = .418; mental health r = .449). Finally, library location in housing-insecure areas correlated with most engagement strategies, including the overall score (r = .532). In summary, libraries in lower-income communities reported more frequent engagement with health providers in programming decisions. Likewise, libraries in areas with greater food and housing insecurity more actively involved stakeholders in identifying community health needs and priorities.

**Table 3**

*Association Between Librarian Race and Discussion of Community Health Needs*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Questions:** **Is there a relationship between librarian race and the frequency of discussing community physical and mental health needs?**  | **Mean** | **Standard Deviation** | **What is your gender?** | **What is your race? (Please select all that apply)** |
| How often does your library's management team: Discuss community needs regarding physical health topics | **2.77** | **.817** | **.132** | **.407\*** |
| How often does your library's management team: Discuss community needs regarding mental health topics | **2.83** | **.986** | **.125** | **.335** |

\* Correlation is significant at .05 level (2-tailed)

There was a small positive correlation between librarian race and frequency of discussing community physical health needs (r = .407, p < .05). The correlation between race and discussing mental health needs was similar in magnitude but not statistically significant (r = .335, p > .05). These exploratory findings suggest librarians may be slightly more likely to engage in conversations around community health needs based on their race. However, the correlations should be interpreted cautiously given the small, homogeneous sample. Additional research with larger, more diverse samples is needed to further examine potential differences by librarian race and other demographics.