

A critical look to community wisdom: Applying the World Café method to health promotion and prevention

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Abstract

Patient experiences and ideas are key components for improving health promotion and prevention. Engaging patients and other stakeholders in sharing their practices and ideas is nowadays crucial to increase the legitimacy, credibility, and acceptability of the decisions in these fields, by fostering community wisdom. The World Café is a participatory method suitable to involve a large number of actors to propose creative solutions based on their different knowledge and experiences. However, the diffusion of this approach is not uniform in the various countries and health topics. This review summarises the specific topic, the study design, the number and the characteristics of participants, as well as the main findings and the purpose of the studies regarding the application of this method to health promotion and prevention. Among other results, it was found that the World Café is an appreciated, inspiring, and flexible participatory process often used in association with one or more other methods, to explore emergent themes or topics, to collect best practices or suggestions, to generate improvements or recommendations, and to define priorities for the implementation of projects or research agendas. The results highlight the potentiality of the World Café whenever an issue is not well defined and needs to be explored through deep and several insights. The method allows the exploitation of creativity and collective wisdom when qualitative

and in-dept results—more than quantitative and statistically rigorous ones—are appropriate.

KEYWORDS

health prevention, health promotion, patient engagement, research priorities, World Café

Highlights

- The World Café is successfully applicable to health promotion and prevention.
- It is a creative, inclusive and flexible participatory method in these fields.
- It succeeds to engage stakeholders in improving health promotion and prevention.
- Findings from this review can help to design future purposeful events.

1 | INTRODUCTION

Health promotion and disease prevention are processes aimed at reducing the risk of disease, through health interventions, and increasing the control of health and its determinants, through multi-sectoral actions that can grow healthy behaviours. These processes involve population-based interventions for groups at higher risk of developing diseases or adverse health outcomes and imply the participation of individuals and communities, to promote changes in their behaviour and lifestyles.¹ The World Health Organization promotes community involvement to develop relationships that enable stakeholders to work together to address health-related issues and promote well-being to obtain positive health outcomes.² Such strategies envisage the engagement of community members, representatives from local government and institutions, healthcare providers, and managers, as the main stakeholders within the studies focussed on prevention and health promotion.³ The right groups of stakeholders should be involved, based on the project's typology and the phase of the decision-making process. The stakeholder's participation, in fact, assumes a different configuration depending on two crucial aspects: (a) what is the stage of the overall project in which the participatory event must be inserted (b) what are the specific objectives of the event.⁴

Participatory methodologies are recognised, designed, and applied to support the possibility, importance, and usefulness of involving various stakeholders in the knowledge creation and knowledge sharing processes.⁵ These methods bring together the two perspectives: that of science and that of practice, which intersect, interact, and develop a mutual understanding.⁶ Furthermore, participatory methods involving patients and health care providers to evaluate and improve health care offer essential insights into care processes. These represent suitable tools for the quality improvement of healthcare services and research in different contexts.⁷⁻⁹

Based on the foreseen objectives, there are different levels of public involvement, ranging from a low level (information and consultation) to a mid-level (engagement) to a high level (collaboration and partnership). Each of these five levels of involvement generates a different impact by the stakeholders on the decision-making process.⁴

A participatory method is not appropriate whenever the level of involvement is very low, that is in the following cases: the scope is to inform/educate the public, the project or decision-making process is already oriented towards a specific solution, an operational plan must be developed or tasks assigned, or the scope is to use existing routines or measures.

Based on a model of actors' involvement that matches the specific objectives with the actors to be engaged, a participatory method is appropriate in all the next three cases. When the objective is complex, such as to maximise scientific knowledge, the actors to be involved are (a) regulatory bodies and industry experts, and (b) external scientists/researchers (Type 1). If the objective is uncertain, such as to collectively decide the best way forward, the actors to be involved are (a) regulatory bodies and industry experts, (b) external scientists/researchers, and (c) affected stakeholders (Type 2). In case the objective is ambiguous, such as to rise a societal debate about an issue and its underlying implications, the actors to be involved are (a) regulatory bodies and industry experts, (b) external scientists/researchers, (c) affected stakeholders, and (d) civil society (Type 3).⁴

The World Café is an inclusive and structured methodology in which small groups of people discuss at round tables to generate new ideas and solutions about preselected topics, according to a previously defined set of rules and questions. This allows the involvement of people in a meaningful group dialog on complex issues, in which all participants are considered experts, based on their different experience and knowledge.¹⁰

To facilitate a structured but colloquial process, a café setting is created provisionally by experienced key hosts—feasibly with drinks, food and music—thus enabling a relaxed atmosphere. The main host introduces the purpose of the event, and each participant is assigned to one of the café round tables. A total of four to six participants seats at each table, discussing on the same question. After each round—based on randomly assigned seats—each participant transfers to a new table, where he/she can continue the conversation with a new group of individuals. This ensures the views of a wide range of people are revealed. Usually, a minimum of three consecutive rounds of dialog is carried out, every one lasting about 15–20 min. The key hosts decide if the same question can be discussed for one or more rounds. They can also choose to propose diverse questions each round to capitalise on and help extend the exploration. At each table, the group appoints one 'secondary' host (for instance, a researcher or an expert) to stay at the same table, in order to summarise the previous discussion to the succeeding participants.^{10,11} These discussions are supported by the use of creative materials (e.g., coloured markers, wide-sized papers, post-its, paints, and other supplies) so that inspired insights and communication are augmented. As discussions progress, data are collected into key concepts, outlined ideas, drawings, paintings, and models.¹²

At the end of the established rounds of conversation, all the groups expose their results in a 'plenary' session, so that findings and insights are shared and exploited in a final large group conversation. Thus, all the ideas can be harvested, misunderstandings can be clarified,¹³ common frames can be identified, mutual learning raises, and novel opportunities emerge.^{10,11} The generated data and knowledge usually constitute the basis of a thematic analysis that extrapolates the discernments, recommendations, and conclusions from the various discussions and the final plenary debate.

This article aims to explore in which contexts and under what conditions (macro-areas, topics, purposes, study designs) the World Café method is used to empower patients and other stakeholders in health promotion and prevention, as well as what findings can be expected.

2 | METHODS

This investigation was carried out through research on MEDLINE to trace the studies reporting the use of the World Café method, by using the keywords "world café" [Title/Abstract]. First, the studies published up to 2 December 2021 in the English language were taken into account, excluding all the reviews, both systematic and narrative. Then, titles and abstracts were screened for eligibility. From all the potentially relevant records, only those articles whose topic was related to health promotion and disease prevention were included in our review.

Two authors of the article (Virginia Recchia and Antonella Zizza) extracted information about the year and country of publication, the topic, the purpose, and the study design, as well as the number and the characteristics of participants and the main findings generated by applying the World Café method.

3 | RESULTS

Based on the search realised on Medline, one hundred nineteen studies were identified and they regard the period from 2010 to 2021. Following the screening by title and abstract, 25 articles met the inclusion criteria and were included in our review.

3.1 | Characteristics of the studies included in the review

The core data of the studies are summarised in Table 1. These data regard the country, the purpose of the study, the study design and specific objective of the World Café, the topic and the macro-area. Most of the studies included in the review were organised in Anglo-Saxon countries. In particular, those studies have been realised in Australia (5),^{7,8,14-16} United Kingdom (5),¹⁷⁻²¹ United States (4),²²⁻²⁵ Canada (3),²⁶⁻²⁸ Ireland (3),²⁹⁻³¹ and South Africa (1).³² Only four studies were carried out in non-Anglo-Saxon countries, such as Italy (1),³³ Netherlands (1),⁹ Portugal (1),³⁴ and Germany (1).³⁵

A plurality of main objectives has been pursued by the included studies. The most recurrent purposes belong to the following types: to examine the best practices to improve health promotion and prevention specific services; to delineate local and global research priorities; to investigate visions of common people, target groups and experts about specific topics and themes. Further research objectives are also the definition of measures and/or indicators to monitor and improve the quality of health promotion and prevention services, and the identification of the research design or educational needs of the target groups of health promotion initiatives.

TABLE 1 Characteristics of the studies included in the review

References	Country	Purpose of the study	Study Design and specific objective of the World Café	Topic	Macro-area
Baådoudi et al. 2017	Netherlands	To define measures of oral health for reporting routine data to facilitate patient-centred prevention in oral health care	A 4-stage approach was used: (1) scoping of literature and appraisal, (2) a meeting of experts, (3) an online 2-stage Delphi process and (4) a World Café discussion to create consensus on a comprehensive list of topics for describing oral health and oral health care	Oral health care	Prevention
Baker et al. 2019	Australia	To identify the strengths and needs of refugee children related to their transitions into primary or secondary school, as well as the barriers and enablers to their involvement with quality healthcare	Ten focus groups were conducted (two involving preschool parents; three involving adolescent parents; two involving adolescents; three involving stakeholders) and the data were thematically analysed and feedback sought from the community via the World Café method	Health and wellbeing	Health promotion

TABLE 1 (Continued)

References	Country	Purpose of the study	Study Design and specific objective of the World Café	Topic	Macro-area
Byrne et al. 2019	United States	To describe and evaluate the experiences of providers and parents of children with cerebral palsy, related to early detection and intervention	World Café methodology was applied for a single 8-hour-day with three phases: (a) parent stakeholder panel to elicit perspectives around their child's initial diagnosis of Cerebral Palsy, (b) brief review of the best evidence for early detection/intervention and known comorbidities, and (c) focus group work with priority setting	Cerebral palsy	Prevention
Candeias et al. 2021	Portugal	To detect good practices in the Sexual and Reproductive Health (SRH) field, with specific attention to migrant people, and to ascertain relevant indicators to observe SRH in Portugal	To reach an agreement on the best indicators for monitoring SRH and establishing good practices for both host and migrant populations, a Delphi panel approach was used. The set of items/indicators included in the Delphi panel was obtained by a literature review and an initial input using expert opinion, collected through the World Café method. The World Café session aimed to obtain new indicators, potentially different from those obtained through the literature review and more suitable to the national context	Sexual and reproductive health	Health promotion
de Jong et al. 2019	Australia	To acquire older people's viewpoints on new audio-visual (AV) falls prevention messages, and to assess their consequent falls prevention behaviour changes	A mixed-method study using a questionnaire and a community World Café forum. The World Café's objective was that of generating group suggestions for adjusting the AV messages to improve their appeal	Falls	Prevention
Dean et al. 2014	Canada	To find themes for a global physical therapy action plan for health promotion across the regions of the World Confederation for Physical Therapy (WCPT)	The global summit lasted one full day. In structured facilitated sessions, Summit representatives discussed: (1) within WCPT regions, what is working and the challenges; and (2) across WCPT regions, what are potential directions using World Café methodology	Physical therapy	Health promotion

(Continues)

TABLE 1 (Continued)

References	Country	Purpose of the study	Study Design and specific objective of the World Café	Topic	Macro-area
Fallon et al. 2012	United Kingdom	To create a consortium among local organisations involved in promoting the mental well-being of young people	Two 'World Café' events	Mental well being	Health promotion
Goodwin et al. 2021	Ireland	To describe healthcare operators' visions about the obstacles to preventing suicide and self-harm	Data were collected using five World Cafés, as well as ten written submissions	Suicide and self-harm	Prevention
Hartney et al. 2020	Canada	To develop research on how to improve patients' perceptions of safety, by involving physicians and patients in the conception of guidelines	Peer research associate participants were employed to co-facilitate a series of 3 confidential, in-person workshops corresponding to 3 phases of the research: (1) establishing cultural safety for participants; (2) world café method to develop guideline content on 3 identified focus areas of need; (3) validation of draft best practice guidelines	Safety in healthcare	Prevention
Haywood et al. 2017	Germany	To identify the values supporting patient engagement in current research on health-related quality of life, to inform forthcoming best practices	A modified World Café was organised as part of the 21st annual International Society of Quality-of-Life conference	Healthy lifestyles	Health promotion
Heard et al. 2019	Australia	To inform the development of a pilot community-based HIV/STI testing intervention	A modified World Café workshop was conducted as part of a broader community-based research project. The World Café specifically provided viewpoints and experiences by gender and sexually diverse young people (GSDYP)	Sexual and reproductive health	Prevention
Kilty et al. 2021	Ireland	To investigate healthcare operators' knowledge, awareness, and reactions to suicide and self-harm	Data were collected using five World Cafés, as well as ten written submissions	Suicide and self-harm	Prevention

TABLE 1 (Continued)

References	Country	Purpose of the study	Study Design and specific objective of the World Café	Topic	Macro-area
Koen and Robertson, 2021	South Africa	To examine and report the psychosocial well-being experiences of Lokaleng rural community	Data were collected using demographic information form and one World Café event	Psychosocial well-being	Health promotion
Lein et al. 2017	United Kingdom	To create and verify the Health-Focussed Physical Therapy Model for sedentariness and smoking	A mixed-method study included (1) developing a model through the consensus of an investigative team with expertise and knowledge of relevant literature and health behaviour theory, (2) refinement of the model and development of consensus by experts interdisciplinary in health promotion through the World Café method and (3) the achievement of the content by experienced physical therapists, health promotion using a Delphi process	Physical therapy	Health promotion
McAndrew et al. 2012	United Kingdom	To explore how caring affects the mental well-being of young caregivers and what they consider could be the better ways to improve their situation	Two World Café events, each one led by two presentations from local young people's groups	Mental well being	Health promotion
Merlo et al. 2021	Australia	To examine the difficulties of applying antimicrobial stewardship in Australia and to set priorities for the future	One World Café event was used to identify and reach a consensus on emergent themes from the workshop	Antimicrobial stewardship	Prevention
Porter, 2017	United States	To involve a mixed group of researchers in creating and applying the human challenge model to evaluate the vaccines against <i>Shigella</i> and enterotoxigenic <i>Escherichia coli</i>	The workshop was developed under a framework of the World Café method for collaborative learning	Bacterial infections	Prevention

(Continues)

TABLE 1 (Continued)

References	Country	Purpose of the study	Study Design and specific objective of the World Café	Topic	Macro-area
Psaroudakis et al. 2021	Italy	To engage adolescents—as the target population—in designing health education programmes for sexually transmitted infections and meningitis	One World Café event was used to explore three main themes were explored for each disease: Perception of risk, sources of information and, perceived educational needs	Communicable diseases	Prevention
Rajaram et al. 2014	United States	To establish a dynamic forum for sharing ideas and co-learning among scientists from urban, tribal, and nontribal communities, and to promote partnerships between scientists and American Indian populations to remove health disparities	A regional workshop that utilised Methods of Strategic Collaboration using the Appreciative Inquiry, 4D Change Process Model, and interactive group activities including Collaborative Learning and Understanding Exercises and the Research Café to identify mutual areas of interest in research	Health disparities	Health promotion
Ross et al. 2018	United Kingdom	To detect and report the sociotechnical systems model for applying sodium fluoride varnish. A sub-objective was to find occasions for helping dental teams in applying varnish to child patients	Application of the Functional Resonance Analysis Method which provides: Routine monitoring of fluoride varnish application; a longitudinal survey with practitioners; in-depth interviews with practitioners; key informant interviews; a World Café workshop. This workshop was held at an early stage of the analysis, to review and discuss the emergent model	Oral health care	Prevention
Sheridan et al. 2010	United Kingdom	To promote healthy lifestyles among the poorest areas in London	Multi-stage community engagement process, including 40 World Café events and related Appreciative Inquiry Workshops; a two-day-long action planning event involving all the partners; 20 final Project Implementation Meetings with all stakeholders. World Café events were held in order to privilege communities' knowledge and analytic frameworks in setting the agenda for the rest of the process	Healthy lifestyles	Health promotion

TABLE 1 (Continued)

References	Country	Purpose of the study	Study Design and specific objective of the World Café	Topic	Macro-area
Shommu et al. 2019	Canada	To create an interdisciplinary consensus on nutrition care priorities for inflammatory bowel disease (IBD) nutrition centre of excellence (COE)	A 1-day retreat was organised as follows: One traditional focus group was completed for the first half and a World Café for the second half of the retreat. The World Café was used to discuss action strategies for reducing gaps in nutrition care for IBD patients	Nutrition health	Health promotion
Tufford et al. 2020	Ireland	To explore ways to improve the nutrition discipline's capacity to address cross-cutting issues of personal, public, and planetary health	An international conference and one World Café as the pre-meeting event. The World Café was used to explore four themes: The breadth of scientific domains needed to meet the current challenges; the nature and definition of the shifting concepts in nutrition sciences; the next-generation methods required; the communication and organisational challenges and opportunities	Nutrition health	Health promotion and prevention
Yankeelov et al. 2019	United States	To promote a 'culture of health' aimed to reduce diabetes-related inequalities for older adults in rural counties of Kentucky	Four world cafés were held: Three county-specific cafés, which aimed to share fact sheets from the needs assessment; one regionally focussed café, which aimed to generate the strategic plan with representatives from each county	Health disparities	Health promotion
Yoong et al. 2020	Australia	To investigate visions of common people and experts on adaptation frameworks of evidence-based public health programmes in practice, and to detect changes to improve their implementation	In this qualitative study, a World Café was followed by a focus group with the Appreciative Inquiry method. World Café was used to elicit groups' thoughts on how to operationalise elements of existing adaptation frameworks	Public health	Health promotion and prevention

3.2 | Contextualisation of the World Café event(s) within the study design

Most parts of the included studies (72%) conceived a complex Study Design, in which the World Café was combined with one or more other methods. The 12% of the included studies used the World Café in association with a Delphi method. The 28% of the included cases described the use of the World Café in association with Focus Group or

Workshop methods, both traditional or innovative (such as Appreciative Inquiry, 4D Change Process Model, etc.). Another 12% of the included cases programed the World Café in connection with a Summit or an International Conference). Moreover, 20% of the included studies used the World Café by linking it to interviews or questionnaires. Finally, only 28% of the studies reported the organisation of one or more World Cafes, as the only method used (Table 2). As regards the macro-area covered by the studies, about half of the studies were centred on health promotion (12 studies)^{15,18-22,25,27,28,32,34,35} and the other half on disease prevention (11 studies).^{7-9,16,17,23,24,26,29,30,33} Only two studies addressed health promotion and prevention issues together.^{14,31} The specific topics addressed by the included studies regard various themes. The most frequent are related to physical, mental, and psychosocial well-being, healthy lifestyles, dietary health, physical therapy, health disparity, sexual and reproductive health, suicide and self-harm, and oral hygiene.

TABLE 2 The World Café (WC) and its association to the other methods

References	WC & Delphi; n (%)	WC & Focus Group or Workshop; n (%)	WC & Summit or International Conference; n (%)	WC & Interviews or Questionnaires; n (%)	WC alone (one or more events); n (%)
Baâdoudi et al. 2017	X				
Baker et al. 2019					X
Byrne et al. 2019					X
Candeias et al. 2021	X				
de Jong et al. 2019				X	
Dean et al. 2014			X		
Fallon et al. 2012					X
Goodwin et al. 2021				X	
Hartney et al. 2020		X			
Haywood et al. 2017			X		
Heard et al. 2019					X
Kilty et al. 2021				X	
Koen and Robertson, 2021				X	
Lein et al. 2017	X				
McAndrew et al. 2012		X			
Merlo et al. 2021		X			
Porter, 2017					X
Psaroudakis et al. 2021					X
Rajaram et al. 2014		X			
Ross et al. 2018				X	
Sheridan et al. 2010		X			
Shommu et al. 2019		X			
Tufford et al. 2020			X		
Yankeelov et al. 2019					X
Yoong et al. 2020		X			
	3 (12)	7 (28)	3 (12)	5 (20)	7 (28)

3.3 | Characteristics of the World Café events

Table 3 shows the number and the characteristics of the participants in the World Café section, as well as the findings achieved. The number of participants ranges from a minimum of 12 to a maximum of 143, with an average attendance of 42 people. Due to the variety of purposes and topics carried out by the included studies, a large spectrum of different stakeholders was involved in the implementation of the participatory processes. Based on their age, they mostly are adults or older people. Based on their experience and/or expertise, they mostly are community members, target groups (e.g., patients, caregivers, citizens with certain risk factors, parents of ill children), experts (e.g., healthcare operators, researchers, teachers and professors, professional educators, members of associations), decision-makers (e.g., policy makers, representatives of institutions, managers).

The achieved findings mostly regard the exploration of emergent or main themes or topics^{9,15,25,27,31–33}, the collection of best practices or suggestions for improvements or recommendations^{7,8,14,16,18,26,35}; the definition of priorities for implementation projects or research agendas.^{20,21,23,28,29} More rarely, findings include the definition of strategic indicators or measures^{22,34}; the design of research proposals¹⁹; the identification of educational needs by healthcare operators³⁰; the discussion of an emergent model.¹⁷

TABLE 3 Characteristics of the World Café events

References	Number of participants ^a	Characteristics of participants	Findings
Baådoudi et al. 2017	19	Stakeholders (general dental practitioners, patients, insurers, and policy makers) from the Netherlands, Germany, the United Kingdom, Ireland, Hungary, and Denmark	The participants identified 10 missing topics, that were added to the topic list and five topics were rephrased from the list of topics. The final list of 48 topics for oral health care was categorised into 6 clusters: (1) access to dental care, (2) symptoms and diagnosis, (3) health behaviours, (4) oral treatments, (5) oral prevention, and (6) patient perception.
Baker et al. 2019	35	Participants of 17 different organisations that support the local refugee community as well as expert academics and parents from a humanitarian background	Implementation of ideas to facilitate better access to health services for refugee youth. General themes included: <ul style="list-style-type: none"> - ways to improve outreach such as setting-up health clinics or health visitations within schools, - English language centres, playgroups, GP clinics, or cultural art events. - encouraging 'soft entry' into health services via family outings or social conversation groups - novel transport ideas and weekend clinics - ideas to improve health literacy included harnessing the media via bilingual discussion of health concepts on the radio and enlisting a culturally-relevant celebrity to promote the importance of early childhood services and play-based learning. - interagency collaboration and real-time mapping of families' navigation through the health system as was the importance of extended case management support and healthcare provider training

(Continues)

TABLE 3 (Continued)

References	Number of participants ^a	Characteristics of participants	Findings
Byrne et al. 2019	47	Participants included 17 parents/caregivers of children (24% male) receiving care at Nationwide Children's Hospital (NCH), Columbus, OH, and 30 medical providers	Many parents and providers priorities centred around the themes of information, education, and access to treatment. Parents and providers agreed that early access to interventions was important for the child; discussions about how to best maximise neuroplasticity occurred early and were of mutual interest. Barriers to access, need for education, and coordination were under-recognised by providers
Candeias et al. 2021	15	Experts and stakeholders from different relevant fields (Academia, Non-governmental Organizations [NGOs], Policymaking, people from Healthcare Practice and Civil Society Organizations)	A list of 142 items identified by the specialists and by the literature were included in the final list of topics launched for discussion within the Delphi panel
de Jong et al. 2019	38	Independently living community-dwelling seniors over the age of 50. Age, years, mean (range): 71.4 (52–84); Gender, female: 27 (71%)	Participants responded positively to the three audio-visual (AV) messages and showed a significant increase in their fall prevention capacity and motivation after the forum, but felt that the AV messages needed a more inspiring call to action. The forum suggested this could be achieved through targeting the message and increasing the personal connection. Participants further suggested several alternatives to online fall prevention information, such as printed information in places in the community
Dean et al. 2014	35	Participants consisted of 5 from the AFR region, 5 from the AWP region, 9 from the EUR region, 12 from the NAC region, and 1 from the SA region; in addition, 3 individuals served as international consultants with one from the SA region, 1 from the NAC region and 1 from the AWP region. The majority of participants were: University-affiliated administrators; clinicians and representatives from physical therapy professional associations	Health-focussed practice is a professional priority, and a strategic action plan was needed to develop it as a clinical competency. The action plan and recommendations largely paralleled the principles and objectives of the World Health Organisation's non-communicable diseases action plan
Fallon et al. 2012	53 audients +11 children	Two local young people's groups, whose ages ranged from 14 to 17 years. The first group of five young people who were currently attending mental health day services and the second group of six young carers. Both of group delivered inspirational presentations to an invited multi-agency audience of 53 people, with representation from secondary education; statutory services, the Voluntary Sector, and the University	This paper reports on the first World Café. Three collaborative research proposals and the realisation that young people need the opportunity to participate through utilising more innovative ways of engaging with the professional adult world

TABLE 3 (Continued)

References	Number of participants ^a	Characteristics of participants	Findings
Goodwin et al. 2021	143 + 10 written submissions	The sample ($n = 119$ female, $n = 24$ male) comprised Health Service Executive (HSE) staff, including nonprofessional support staff, and healthcare professionals (e.g., administrative and management staff, general support staff, allied health and social care staff, nursing and midwifery, medical and dental staff) from three of the four provinces nationally	Healthcare staff, including psychiatric nurses, have perceived that a whole social approach is needed to prevent suicide and self-harm prevention. Support from those at the forefront is needed as well as clear referral pathways and interagency working. Formalised support to staff working in healthcare should be provided with a flexible and inclusive approach to the delivery of care
Hartney et al. 2020	22	Researchers $n = 3$; trained peer research associates (patients with lived experience of substance use) $n = 5$; physicians $n = 10$; and health system partners (policymakers and health authority leadership) $n = 4$	Best practices guidelines were developed giving the patient perspective on how to enhance primary care, as follows: (1) become trauma-informed; (2) consider your clinical environment; (3) build a network; (4) supply an array of resources; (5) co-create a long-term treatment plan; (6) help me to stay healthy; (7) ensure timely access to specialised medical and surgical care; (8) be an advocate; (9) ask for feedback; (10) follow up
Haywood et al. 2017	80	Eighty participants, including 12 patient partners, clinicians, and researchers. Three of the patient participants were from North America and the remaining nine were from Europe (UK $n = 4$; The Netherlands $n = 2$; Germany $n = 1$; France $n = 1$; Switzerland $n = 1$). These patients represented various conditions including rheumatology, respiratory, oncology, and haematological malignancies	Three core values have been defined, which include building relationships, improving the quality and impact of research, and developing best practices. Participants appreciated the importance of building authentic, collaborative, and deliberative relationships, underpinned by honesty, respect, co-learning, and fairness, and the impact of effective patient engagement on the quality and relevance of research
Heard et al. 2019	14	Gender and sexually diverse young people (GSDYP): Participants were aged 20–25 years (median age of 21 years). Participants selected their gender identities as trans male (two), cis female (two), cis male (two), genderqueer (two), non-binary (two), or 'other' (four). Participants selected their sexual identities as gay (three), bisexual (three), pansexual (two), queer (three), or 'other' (three)	The key characteristics of an ideal service, which would include multiple accessible sites offering holistic, affordable services and confidential care from respectful and knowledgeable providers have been identified. The service would enable young people to engage in decision-making, have a culturally inclusive, comfortable and friendly atmosphere, and provide free technologies for sexual and reproductive health
Kilty et al. 2021	143 + 10 written submissions	The sample ($n = 119$ female, $n = 24$ male) comprised Health Service Executive (HSE) staff from a range of roles including nonprofessional support staff, and healthcare professionals (e.g., administrative and management staff, general support staff, allied health and social care staff, nursing and midwifery, medical and dental staff) from three of the four provinces nationally	There was variation relating to awareness of and responses to suicide and self-harm. Participants highlighted the need for: Further tailored staff education and training; clear protocols for assessing, treating, and referring people deemed at risk of suicide and self-harm are needed

(Continues)

TABLE 3 (Continued)

References	Number of participants ^a	Characteristics of participants	Findings
Koen and Robertson, 2021	20	30% men, 70% women; 5% Employed, 85% Self-employed, 10% Unemployed; 80% Single, 15% Widowed, 5% Cohabiting, 0% Married, 0% Divorced/separated	The findings identify three main themes with subthemes, namely contributing factors to psychosocial well-being (such as spirituality/religion and community cohesion), hindering factors to psychosocial well-being (such as crime and unemployment), and means to promote psychosocial well-being (such as the provision of infrastructure)
Lein et al. 2017	21	The participants were from varied health professional fields or had advanced training in health behaviour, education, and promotion). They were also experienced in health education and promotion with backgrounds in teaching, researching, and/or provision of preventive care	Summit attendees offered many general and several specific health behaviour tips to help physical therapists, improving their chances of inducing patients and clients to engage in healthy behaviours. The participants of World Café indicated that physical therapists are well-positioned to engage in health promotion and wellness, and the model facilitates interdisciplinary collaboration and consultation
McAndrew et al. 2012	About 50	People represented from secondary education providers, statutory services, the voluntary sector and, the Schools of Nursing and Midwifery, Social Work, Psychology, and Public Health. This was an audience made up of nurses and social workers working in a variety of care settings, voluntary agency workers, school teachers, and professional educators, all directly or indirectly providing services to children and young people	From the feedback, the following key messages were identified: <ul style="list-style-type: none"> • Organisations need to listen, engage and have meaningful communication with young carers • Young carers need practical and emotional support • Young carers need a safe place to go where they can relax and where they will be listened to • Young carers need to be at the centre of discussions impacting their lives • Schools need to be flexible to meet the needs of young carers • Young carers are best placed to educate the educators regarding their experience and the recognition of other young carers • There is a clear need to secure further funding to continue and expand vital services, with recognition of the importance of 'spreading the word' • Actions speak louder than words
Merlo et al. 2021	39	Veterinarians, policymakers, pharmacists, infectious disease physicians, infection prevention nurses, and others	Participants discussed strategies they found to be successful, including regular presence in clinical areas, tailoring messages and implementation strategies for different discipline and maintaining positivity and attention for the patient. Many of the recommendations for the next step involved being patient-focussed and outcomes-oriented

TABLE 3 (Continued)

References	Number of participants ^a	Characteristics of participants	Findings
Porter, 2017	na ^a	A heterogeneous group of researchers with varied perspectives and experiences in the development and utilisation of the human challenge model	Discussion on clinical endpoints has focussed on the need for: Harmonised definitions; optimised attack rates; collecting the sample; non-stool-based endpoints. Non-clinical discussions centred on the evolution of omics-based opportunities, host predictors of susceptibility, and novel characterisations of the immune response. Standardisation of the model focussed on the value of procedures shared between institutions for clinical and non-clinical endpoints as well as for the preparation and administration of strains and selection of subjects
Psaroudakis et al. 2021	39	23 females and 16 males, aged 14–16 years old	The perception of risk and level of awareness among participants were different for the three diseases explored, but especially the perception of risk for all the diseases studied was low. In general, students had more information about HIV than other diseases. Students generally wanted to increase their knowledge about diseases they may be at risk of acquiring. Primary groups (family and school) were reported to be the main sources of information, more than a group of peers (friends), while parents were fundamental in influencing immunisation choices. Social media were not considered reliable tools to obtain information, but rather as source of fake news. Adolescents asked for tailored and more interactive approaches to health education within the school. Different interlocutors (doctor, teacher, educated peer, testimonial, and patients) were deemed important; however, participants reported a need for empathy, personal involvement, and attention to adolescents' experiences
Rajaram et al. 2014	80	37 were community members and 43 were academics and a total of 74 people attended the conference	Building relationships and trust, mutual use and sharing of data, and gaining knowledge, skills, and abilities to enable sustainable research partnerships with American Indian communities were the key themes that emerged from the interactive sessions

(Continues)

TABLE 3 (Continued)

References	Number of participants ^a	Characteristics of participants	Findings
Ross et al. 2018	56	NHS clinical directors, specialists in dental public health, Childsmile programme managers and coordinators, dentists, NHS operational managers, and Oral Health Educators	<ul style="list-style-type: none"> - Uncertainty about evidence for varnish; myths surrounding fluoride risks persist; evidence itself may not change 'entrenched positions' - General Dental Practitioners are a business; FV can be applied by a dental team; don't need surgical rooms; some resistance to expansion of the nursing role. - Problems applying varnish to young children; uniform and mask can be off-putting; need a flexible protocol as in using play spaces and other environments; using nurses; need to increase parental demand/expectation - Simplification of payment bands; feedback on prevention activity levels
Sheridan et al. 2010	Average 46 for each event ranging between 25 and 9	Local Residents over-representation amongst women, less youth, and older men	Residents expressed a desire to live in a community they felt a part of and felt safe in and welcomed the opportunity to take part in projects such as healthy eating, physical activities or arts as a way to bring the community together, through intergenerational and intercultural lines, and get to know one's neighbours better
Shommu et al. 2019	12	Health leaders in inflammatory bowel disease care	Three primary themes were identified as the main pillars of a COE in an IBD nutrition centre of excellence. These include: (a) excellence in clinical care, (b) novel discovery and research, and (c) knowledge translation to patients and practitioners
Tufford et al. 2020	70	<p>Researchers belonging to the following groups:</p> <p>Nutrition in Transition: A coalition of Dutch Nutrition Scientists seeking to facilitate and shape discussions on the future of nutrition sciences.</p> <p>Food, Nutrition and Health Research Infrastructure: A pan-European initiative to design and implement a distributed research infrastructure that facilitates research on sustainable diets for twenty-first-century citizens.</p> <p>Federation of European Nutrition Societies (FENS) governance and working groups: Three FENS working groups have been recently established, concerning (1) the concepts and methodologies required for credible nutrition science, (2) organisation, capabilities and funding structures, and (3) the communication of nutrition science to the public, patients, medical community and industry</p>	Only through transdisciplinary approaches that consider the food system as a whole, including socio-cultural factors, built on collaborative platforms and consortia, it is possible to face the challenge of significantly reducing malnutrition in all its forms. With better communication and organisation, and together with social groups, nutrition scientists can send a strong signal to industry, agriculture, retail and policymakers to demand true health and environmental responsibility

TABLE 3 (Continued)

References	Number of participants ^a	Characteristics of participants	Findings
Yankeelov et al. 2019	36 (3 county world cafés) + 16 (1 regional world café)	<p>Three county WC: The majority of the participants were female, over 50 years of age, and living with type 2 diabetes. Two thirds of the participants self-identified as residents, while one third indicated that they represented government (e.g., county judge executives or proxies, county extension offices) or business entities including nonprofit (e.g., community action agencies), and for-profit organisations (e.g., pharmaceutical companies, pharmacies).</p> <p>One regional WC: Three were KRDC-affiliated community organisers, two KIPDA Area Agency on Ageing staff, and two community residents, and the remainder represented regional, health-oriented organisations, specifically a regional representative from a national pharmacy and a representative from a local-owned pharmacy, a diabetes educator from a regional hospital, a director of clinical services from a regional behavioural health organisation, a nurse from the Health Department, three nutrition educators from the county extension offices, and one representative from a tricounty community action coalition</p>	A final strategic plan for each topic area including possible evidence-based interventions was developed by the KRDC leadership team, which consisted of four university researchers, three county-specific community organisers, and KIPDA representatives. This strategic plan became the scorecard for which annual success was measured
Yoong et al. 2020	24	<p>The international participants included: (i) research experts (implementation scientists, behavioural scientists, and public health researchers); (ii) methodologists (health service research economists and biostatisticians) and (iii) policy and practice experts (public health policymakers and health practitioners from government and intermediary organisations. Representatives from nine academic and/or research institutions from Australia, Canada, and the United States were included</p>	Several limitations were reported with the current adaptation frameworks, including a lack of detail on 'how' to adapt, limited information on adapting implementation strategies, and a number of structural issues related to the formulation and order of elements within the frameworks. Numerous opportunities have been identified to advance the field. Finally, a list of general principles was produced that could be applied in conjunction with existing frameworks and suggested to provide a practical way to support adaptation decisions in practice

^aNot available.

In particular, among the 11 studies in which the World Cafe was applied to projects on prevention, 2 studies dealt with oral health care,^{9,17} with the aim of defining health prevention measures and detecting and reporting the model of sociotechnical systems for the application of sodium fluoride, respectively. From the different delegations during

the World Café section, a group of general dentists, patients, insurers, and policymakers from different European countries identified a number of topics for oral health care⁹ while NHS clinicians, specialists in health dentistry Public, Childsmile Program Managers and Coordinators, Dentists, NHS Operations Managers, and Oral Health Educators reported sodium application issues for sodium fluoride paint application and proposed solutions to aid dental teams in applying paint to child patients.¹⁷

Still among the studies regarding prevention, Goodwin et al.⁹ and Kilty et al.³⁰ reported in two recent articles the use of 5 World Café forums to investigate the knowledge, awareness, and reactions of health workers to suicide, and self-harm.^{29,30} The current context, including staff awareness of suicide and self-harm, current responses used in daily practice, key challenges for healthcare professionals, and suggested ways to improve current responses to suicide and self-harm are the three themes reported by Kilty et al.,³⁰ and support for staff working in health care facilities, access to health services and the adoption of a whole society approach to suicide and self-harm were the other three themes reported by Goodwin et al.⁹ in the second part of the study.

In two other studies, issues related to sexual and reproductive health were addressed to promote health by identifying the good practices in the field of sexual and reproductive health (SRH), with particular attention to migrants, and ascertaining relevant indicators for observing SRH in Portugal³⁴ and to prevent HIV/STI by informing about the development of a community-based HIV/STI pilot testing intervention in Australia.⁸ Candeias et al.³⁴ used a blended approach comprising a Delphi panel and a World Café session to select a preliminary list of indicators to establish good practices in the SRH field. Instead, Heard et al.⁹ used a modified World Café as part of a larger community-based research project to identify the key features of an ideal service allowing young people to engage in decision-making processes, have a culturally inclusive, comfortable and friendly atmosphere, and provide free sexual and reproductive health technologies.

On the basis of the model of actors' involvement described in the Introduction, most of the included studies (64%) generated World Café events belonging to Type 2, with the objective of collectively decide the best way forward. However, some of these events involved only the affected stakeholders, without inviting—as it is usual in this typology of event—the regulatory bodies, the industry experts, or the external scientists/researchers. Six studies (24%) used World Café events belonging to Type 1, with the objective of maximising scientific knowledge. Only three studies (12%) designed World Café events belonging to Type 3, with the objective of rising a societal debate about an issue and its underlying implications.

3.4 | Strengths and weaknesses regarding the participants

The most relevant strengths regarding the participants in the World Café can be summarised as follows: all the participants are stakeholders who provide their in-depth and full perspective and are viewed as experts^{9,20,29,33}; they usually include community members and decision makers^{8,22,32}; participants often have a wide range of experiences and knowledge.^{15,24,28,29}

The most relevant weaknesses regarding the participants of the World Café are due to the qualitative nature of the method. Usually, people with different cultural backgrounds and health literacy levels could be underrepresented¹⁶; whenever it is necessary to travel by car or public transportation to reach the location, the younger and fitter individuals could be overrepresented.^{16,22}

3.5 | Strengths and weaknesses regarding the process

The most significant strengths of the World Café process consist of the relaxed and sympathetic context that facilitates and stimulates face-to-face group discussion,^{8,16,22,26,33,34} reciprocal learning,^{26,34} and creativity.^{15,34} All the details of the physical setting (e.g. the small groups, the round tables, the supplies, and the buffet-style lunch) are

commonly appreciated by the participants,²² who feel collaborative,^{19,22,26} engaged,^{21,26,33} and responsible in aligning towards common goals.^{19,20}

All the different ideas and values are pondered as valid in an inclusive perspective.¹⁴ Another strength highlighted in the included studies consists of the possibility to enable larger numbers of participants to work together, unlike more traditional methods, such as focus groups. This is due to the changing rounds of discussion with mutable groups, which allow participants to remain part of the larger group.¹⁶

The most challenging weaknesses concerning the World Café process regard possible biases generated by the qualitative nature of the overall method and data collection.^{30,32} First, there is little evidence about the World Café method, its implementation, and results.³⁰ Moreover, the definition of some arguments could require a formal and verified evidence, while instead some stakeholders could delineate them on the basis of their recent and questionable practice.⁹ In addition, the table host's observations may affect the discussion or the recorded evidence in ways that are difficult to control.³³ Finally, the lack of privacy—also due to the necessity of audio-recording—may hinder participants to share truthful opinions.^{8,32} At the same time, the possible opportunity to avoid audio recording would generate limits on the deepness and richness of the data collected.¹⁴

3.6 | Strengths and weaknesses regarding the outcomes

Many strengths regard the outcomes descending from the World Café application. First, this method offers the possibility to discover new and not predetermined outcomes and insights that are important for participants,^{14,16} and this often guarantees that those outcomes are effective and significant for the community.³² Therefore, themes expressed at a local level^{8,21,22,32} could be made consistent with the main principles and objectives of global action plans.^{25,27} Moreover, the World Café enables the capacity to establish what is crucial and what the related priorities are, also enabling international consensus on acknowledged values and quality standards.^{7,32} Additionally, the application of this method is replicable and adaptable in different communities, both locally and globally.²⁵ Finally, some relevant strengths specifically regard the research: the successful development of consensus and future directions²⁷; the possibility to identify priorities for participatory action research²⁹; the provision of insights on how research can aid stakeholders to achieve their objectives.²⁰

Few and challenging are the main weaknesses of the outcomes of the World Café method. First, obstacles to participation in the World Cafés create more barriers to change in related communities.²² Moreover, the results are limited by the viewpoints of the participants and are often generated within a provincial, regional and national context.²⁷ Finally, it was highlighted that a lack of personal experience related to a specific topic by a subgroup could affect the overall outcomes.¹⁶

4 | CONCLUSIONS

The World Café method since 2010 has been used for health promotion and prevention in physical, mental, and psychosocial fields. The studies that used this method, involved the community members, experts, and decision-makers, mostly belonging to the adult and elderly age groups, and were carried out mainly in Anglo-Saxon countries.

Only studies published in the English language were included in our review, therefore a language bias may be present, although this problem regards all the scientific evidence that is published and indexed in qualified bibliographic databases such as MEDLINE. However, we still cannot be sure that the results would have been the same if other languages had been included in the review study.

In most of the studies, the World Cafe is part of a larger process, applied in association with one or more other methods. This participative method allows to acquire in a rather short time the individual contributions of a

large number of participants belonging to diverse organisations. This participative method, in fact, usually involves community members (parents, caregivers, sick people, etc.), experts in the field of interest (researchers, physicians, education providers, representatives from associations, etc.), and policymakers (consultants from national and international organisations, administrators, etc). The different actors to be involved must be chosen according to the foreseen objectives, since each different configuration of the World Café event influences its impact on the decision-making process and the consequent outcomes.

The changing discussion cycles with the disparate small groups allow participants to remain part of the larger group and to generate or explore not predefined themes. Therefore, the World Café can be complementary to other methods used to involve multiple stakeholders, which are relatively more complex to be organised and/or require ex ante well defined questions (such as the Delphi or the Questionnaire methods).

Due to the qualitative nature of the method, possible biases can be generated in the stakeholder selection, in the data collection, and the consequent outcomes. Despite these shortcomings, the World Café is an appreciated, creative and flexible participatory method to engage stakeholders in group discussions towards common goals, facilitated by a relaxed context. All the participants are viewed as experts, who provide their insights based on a wide range of expertise and backgrounds. Since all the different ideas and values are pondered as valid in an inclusive perspective, the participants feel enthusiastic, collaborative, and open to mutual learning. Another strong point is to allow—compared to more traditional methods—a larger number of participants work together. Further possibilities are to discover new, not predetermined outcomes that are significant for the community, as well as to make the issues expressed at the local level replicable and consistent with the global action plans.

The main findings that can be expected from the application of the World Café to health promotion and prevention regard the exploration of emergent themes or topics, the collection of best practices or suggestions for improvements or recommendations, the definition of priorities for implementation projects or research agendas.

Everything considered, although the included studies provided little evidence about the practical challenges and effectiveness of the method, the World Café is described as a relevant solution whenever the objective is to convey different insights to explore an issue that is not well established.

It is also useful whenever exploiting collective creativity and wisdom is more important than generating quantitative and statistically rigorous results.

In conclusion, this study highlights the inclusive and challenging potentialities of the World Café as a method to engage communities and other stakeholders towards the improvement of health promotion and prevention services and research.

AUTHOR CONTRIBUTIONS

Virginia Recchia and Antonella Zizza contributed to: the study conception and design; the extraction, analysis and interpretation of data; the paper writing and editing; the study supervision. All the authors significantly contributed to the critical revision of the manuscript for important intellectual content and approved the final version.

ACKNOWLEDGEMENTS

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

ETHICS STATEMENT

There are no ethical concerns.

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How to cite this article: Recchia V, Dodaro A, De Marco E, Zizza A. A critical look to community wisdom: applying the World Café method to health promotion and prevention. *Int J Health Plann Mgmt*. 2022;1-22. <https://doi.org/10.1002/hpm.3594>