

Inviting Participants to the Table: Application of the Data Placemats for Disseminating Research Results

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Submitted 15 October 2024, revised 31 October 2025, accepted 11 December 2025.

ABSTRACT

This report examines the application of the data placemat method for disseminating research results, drawing on insights from two case studies working with immigrant and refugee groups. Additionally, it provides practical recommendations for researchers considering adopting this approach. This method can help researchers organize data in a coherent and accessible manner, providing participants with a succinct summary of results. It provides a means to validate research findings by incorporating perspectives from study participants and addressing potential ambiguities that may arise during initial data analysis. Most importantly, it could foster robust, lasting relationships with immigrant and minority groups.

KEYWORDS

data placemats, dissemination, emigrants and immigrants, refugees, minority groups, member checking

BACKGROUND

Disseminating research findings is an integral part of ethical research (1). For community-engaged research, dissemination can advance science by fostering lasting changes while cultivating strong and enduring relationships between academic and community partners (2).

Engaging study participants to verify and validate research findings can be instrumental in mitigating bias, particularly in qualitative research. Furthermore, incorporating local knowledge grounded in participants' lived experiences can enhance the quality and validity of research while increasing the relevance, applicability, and use of the research findings (3). This process, known as member checking, facilitates a triangulation of data concerning a particular phenomenon, enhancing the robustness of the study (4,5). It can also serve as a means to explore emerging themes or concepts that could offer deeper insight into an issue that may not have been apparent during the early data collection and analysis phase (4).

For community-engaged research involving immigrant and refugee communities, engaging community members as research partners throughout the research process has various advantages. This approach can enhance recruitment efforts, improve the quality of data, empower communities, promote capacity building and trust, and cultivate strong partnerships and relationships (6,7). Nevertheless, navigating engagement with these populations can be challenging, given diverse cultures, norms, language barriers, and distinct priorities and timelines in the research processes. Furthermore, apart from a limited number of studies (7), there is a dearth of literature on tools and guidelines for effectively involving these populations to disseminate research findings. While the data placemat method has been applied to engage

stakeholders in evaluation contexts, its potential has not been explored for disseminating research results among immigrant and refugee communities.

In this report, data placemats were used to disseminate research findings with study participants from immigrant and refugee communities. Drawing insights from two case studies, this report describes data placemats, their utilization, and recommendations for employing this methodological approach with immigrant and refugee populations. The first case study examined factors influencing access to and utilization of maternal care among refugee women (8,9). The second case study focused on a community-engaged social network intervention aimed at addressing disparities in cardiovascular disease experienced by Somali and Hispanic/Latino immigrants (10). Both projects involved non-English speaking immigrants in the United States. The case study details are summarized in Table 1. All the case studies described here were reviewed and approved by the respective Institutional Review Boards in each institution. Prior to participating in the study, all participants in both studies provided informed consent. For Case Study #1, depending on the literacy level of the study participants, consent was either written or oral. For Case Study #2, consent was oral.

Table 1. A summary of two case studies

	Case 1: A qualitative study exploring factors that influence maternal healthcare access among Muslim refugee women	Case 2: The role of peer health promoters in a community-engaged social network intervention to address cardiovascular disease inequities
Participants	Muslim refugee women (n=17)	Somali men (n=5), women (n=4); Hispanic/Latino women (n=7) health promoters
Study aims	The study explored different factors that influence maternal healthcare access among Muslim refugee women.	The study aims were to understand the health promoters' motivators, necessary skills, facilitators, barriers, and achievements in the <i>Healthy Immigrant Community</i> study.
Study results	Various factors at the micro, meso, and macro levels were revealed, including women's perspectives on hospitals and prenatal care, life skills, and language proficiency. Cultural norms and practices, social support networks, and the complex healthcare system, as well as access to insurance, were identified as significant factors.	Results included expanded lists of health promoter motivators, necessary skills, facilitators, barriers, and achievements in the <i>Healthy Immigrant Community</i> study.
Data collection method	In-depth interviews and the go-along method (11)	Focus group discussions
Phase 1: Design data placemats and plan a dissemination workshop	<ul style="list-style-type: none"> ● Thematic analysis was employed to derive themes from the data, which were then organized into 12 categories on the data placemats. ● Guiding questions were added for each theme, along with clarifying questions to address ambiguities found in the data. ● To accommodate the needs of the study 	<ul style="list-style-type: none"> ● Data placemats were incorporated into the third of three focus groups in a longitudinal qualitative study (12). ● Data placemats included five lists of health promoter motivators, necessary skills, facilitators, barriers, and achievements generated from data from the first and second focus groups.

	<p>participants, the author consulted one of the participants.</p>	
<p>Phase 2: Facilitate a dissemination workshop with data placemats</p>	<ul style="list-style-type: none"> • Two workshops were carried out, one in Arabic and another in Dari, employing data placemats with interpreters. • Printed copies of the placemats were distributed and read aloud, accompanied by discussion questions. • Participants received remuneration. • The workshop was recorded with consent. 	<ul style="list-style-type: none"> • Participants were encouraged to develop their own opinions in preparation for data interpretation by first asking them about the topics covered in the placemats. • Then participants reviewed a printed copy of the placemats, and the research team read them aloud. • The research team asked the participants to compare their preceding discussion to the placemats. • Participants received remuneration. • The workshop was recorded with consent.
<p>Phase 3: Incorporate the results from the workshop</p>	<ul style="list-style-type: none"> • The recording, along with the notes taken during the workshop, was later analyzed. • This analysis validated previously identified themes and revealed new insights. 	<ul style="list-style-type: none"> • Participants' feedback was incorporated into the results and the research team conducted additional analysis. • Rochester Healthy Community Partnership (RHCP) community partners led the dissemination of results through a public presentation and development of an infographic shared on social media.
<p>How the results informed the research</p>	<p>The findings were integrated into the final version of the manuscript. Furthermore, new themes identified in the workshop guided further exploratory research.</p>	<p>The results from the data placemat discussion clarified data that was unclear from previous focus groups, validated the results, and facilitated trust-building between investigators and participants.</p>

What are data placemats?

Data placemats are an effective tool that can be used during the analysis stage of evaluation or research to enhance stakeholder understanding of data. These visual tools organize data into thematic charts, graphs, and/or quotes, making complex data more comprehensible and accessible (13). As an approach to engage study participants, data placemats facilitate collaborative review, interpretation, and evidence-based decision-making. By stimulating discussion around the data, they support the co-creation of meaning and enable deeper insights (14).

Whether quantitative, qualitative, or mixed methods, data placemats summarize and creatively present research results, allowing for pertinent follow-up questions and discussions (13). Unlike simple printouts or PowerPoint presentations, they are intentionally designed to be collaborative, interactive, and accessible. The term “placemat” reflects their purpose: to present data summaries in a format that invites engagement, similar to the placemats used at a dining table. The core components of the data placemat approach are as follows:

- *Data placemats:* Data are summarized in a form that incorporates visuals such as charts, graphs, or quotes, tailored to the audience’s needs and levels. They should be designed to communicate data in a clear and accessible manner. While some suggest using a standard format, such as an 11-by-17-inch sheet (14), data placemats can be adapted to fit the specific needs and settings in which they are shared.
- *Facilitation:* There should be interactive elements that encourage participants to engage with and interpret the data. This involves preparing and guiding discussions with specific

questions to elicit feedback and insights, allowing participants to “talk with the data” and provide their interpretations.

How are data placemats used?

The dissemination of preliminary findings utilizing data placemats includes three phases: 1) preparation, 2) facilitation of dissemination workshops with data placemats, and 3) incorporating participant feedback from the workshop into the final results.

Phase 1: Preparation (design data placemats and plan a dissemination workshop)

Dissemination preparation entails analyzing data and organizing research or evaluation findings into data placemats. The following instructions can be useful for designing data placemats (14).

- Define the purpose of the workshop.
- Select the data that best informs that topic, question, or conversation.
- Organize data taking into account the characteristics of the participants (including literacy, language proficiency, and educational levels). Use plain language and minimize jargon to ensure the placemats are accessible. Utilizing the existing partnership and engaging community members in this process can be beneficial.
- Formulate discussion questions based on the research or evaluation questions to engage participants. What do you want your audience to learn? What do you want to learn from your audience?

Coordinating logistics for the workshop is another important step in the dissemination process. This includes contacting study participants and finding an appropriate location for the workshop. To ensure active participation, it is critical to address potential barriers, such as childcare and transportation. Consulting study participants or community partners can be essential in planning a workshop to accommodate the various needs of participants. Additionally, language, literacy, and formal education level need to be considered to design workshops to ensure participants can easily understand the information presented.

Each project used in this case study is described below. In each of the two case studies presented here, the nature of the research-community relationship differed and thus influenced how the data placemats were applied. Case Study 2 was embedded within an existing partnership that provided longstanding community-partner leadership, shared governance, and co-decision-making, whereas Case Study 1 proceeded more as an investigator-led project with individual community participants rather than a formally organized or sustained community partner. These two situations represent different positions on the continuum of community-engaged research partnerships: from more limited engagement (investigator-driven) to more fully partnered (shared leadership and community co-ownership). Recognizing these differences is important because the degree of partnership may influence how the data placemat is introduced, how feedback is elicited, and how dissemination is carried out in ways that are meaningful to community stakeholders. Where community-partner governance or infrastructure is weaker, the tool may function more as a researcher-driven dissemination strategy or an opportunity to pave

the way for building such governance; where partnership is strong, the tool may be leveraged as part of a collaborative decision-making process.

Case 1. Refugee maternal health study

The refugee maternal health study was conducted in Southern Arizona to identify factors that influence maternal healthcare access and utilization among Muslim refugee women resettled in the United States. Although several community entities, including refugee resettlement agencies, health care providers serving refugees, and small community-based organizations, were present, there was no strong or organized refugee community governance specifically focused on maternal health in the region. Consequently, the project was primarily investigator-led, with community input and consultation at key research milestones. Community partners contributed in several meaningful ways: providing feedback on the data collection instruments, assisting with participant recruitment, and serving as interpreters for qualitative interviews. Data placemats were incorporated into the final phase of data analysis. Following the initial qualitative thematic analysis, the first author (SY) structured the data into data placemats according to the instructions above. The qualitative data were categorized into 12 themes on the data placemats, each featuring discussion prompts such as “Do you agree with the results?” “What are your thoughts on the results?” and “How can we provide support to the women?” Subsequently, the placemats and discussion questions were translated into Arabic and Dari and reviewed by the interpreters who were familiar with the study. To accommodate the needs of the study participants, the author consulted one of the participants and determined the location, date, and time for the dissemination workshop. Examples of the data placemats can be found in the Appendix.

Case 2. The role of peer health promoters in a community-engaged social network intervention

Rochester Healthy Community Partnership (RHCP) is a community-academic partnership between immigrant communities in southeastern Minnesota and the Mayo Clinic. RHCP uses a community-based participatory research approach to promote health and well-being in the community. RHCP received federal funding for *Healthy Immigrant Community* (HIC), a social network intervention designed to address cardiovascular health disparities among Hispanic/Latino and Somali immigrants (10). Within the same funding mechanism, the second author (AML) received a pilot grant to explore the peer interventionists' (health promoters) experience in HIC.

Data placemats were incorporated into this pilot study, which included pre-, mid-, and post-intervention focus groups. Before the post-intervention focus group, the preceding results were organized by population (Hispanic/Latino and Somali) into data placemats, which included five lists of health promoters' motivators, necessary skills, facilitators, barriers, and achievements. RHCP Hispanic/Latino and Somali community partners reviewed the placemats and made suggestions to improve clarity. Language Concepts Consulting translated the placemats into Spanish and Somali.

Phase 2: Facilitation (a dissemination workshop with data placemats)

At the beginning of the dissemination workshop, the workshop's objectives are presented to participants. Subsequently, each data placemat is shared with participants, accompanied by

relevant discussion questions. When necessary, an interpreter may assist in facilitating the process. As new themes may emerge, it is advisable to record the discussions. Additionally, it is essential to document whether participants concur with the results and to identify any disparities between the results and the workshop discussions, as well as any new themes.

Case 1. Refugee maternal health study

In February 2023, the workshop with Arabic-speaking refugee women was held in a park during the weekend (n=5). This location and time allowed participants to bring their children to play on a playground during the dissemination workshop. Based on consultation with an interpreter from the community and participants, participants were invited to bring food to share. The workshop for refugee women who speak Dari (n=4) was held at one participant's house, based on the advice of another participant. As most women had limited proficiency in English, the interpreters who had previously assisted with interviews were also present to explain the process to the participants and provide interpretation as needed. Printed copies of the translated placemats were distributed and read aloud, accompanied by discussion questions such as "Do you agree with the results?" and "What are your thoughts on the results?" Additional follow-up questions were posed during the session. To encourage participation and compensate for their time, a \$25 remuneration was offered to each attendee.

Case 2. The role of peer health promoters in a community-engaged social network intervention

In July 2023, three post-intervention focus groups were held at local social service organization offices (Somali men n=5, women n=4) and a Mayo Clinic office (Hispanic/Latino n=7). The health promoters were encouraged to form opinions in preparation for data interpretation by first asking them about the topics covered in the placemats (motivators, necessary skills, facilitators, barriers, and achievements). A printed copy of the placemats was then shared and read aloud. The health promoters were asked to compare their preceding discussion to the placemats. The Hispanic/Latino discussion was conducted in Spanish, and the Somali discussions were conducted in English and Somali. Lunch and remuneration (\$50) were provided, and transportation and childcare support were offered as needed to participants.

Phase 3: Incorporation (using the results from the workshop)

Conducting dissemination workshops may result in further analysis, providing a deeper understanding of the results or suggesting the need for additional information or interventions. It is crucial to engage with the research team and, if possible, study participants and community partners in subsequent discussions to determine the appropriate steps forward based on the workshop findings.

Case 1. Refugee maternal health study

The workshop was recorded with participants' consent and analyzed afterward. The analysis confirmed previously identified themes, including the significance of culturally appropriate communication among health care providers. Additionally, it unveiled fresh insights, such as

attitudes toward cancer screening among Muslim refugee women in the United States. The findings were integrated into the final version of the manuscript (9). Furthermore, new themes identified in the workshop guided further exploratory research.

Case 2. The role of peer health promoters in a community-engaged social network intervention

Participants' feedback was incorporated into the results, and additional analysis was conducted (12). After each focus group, the second author wrote personal reflections to inform lessons learned. In accordance with CBPR principles, RHCP community partners led dissemination of results through a public presentation and development of an infographic that was shared on social media to contextualize the research and strategize around implications within and beyond academia (7).

Advantages, limitations, and recommendations

Using data placemats in research dissemination with study participants enabled researchers to synthesize research findings in a way that was accessible to participants. Structuring data in a cohesive manner, along with guiding questions, facilitated dissemination and provided participants with a concise summary of results. It also enabled validation of research findings through a member check, incorporating the perspectives of study participants. Involving participants in the data analysis process allowed them to make sense of the presented information and helped clarify any ambiguities or inconsistencies identified in the initial analysis, providing an opportunity for further validation. Moreover, this workshop led to the identification of new and noteworthy themes that warrant exploration in future studies.

Nevertheless, some limitations were identified when applying this method. First, in both case studies, presenting qualitative data in a list form was challenging to interpret for participants with low literacy. Researchers should consider how to accommodate the needs of study participants with varying levels of formal education and literacy when sharing data. Second, in both case studies, the researchers were not fluent in the participants' primary languages and thus the conversations had to be translated. This may have resulted in a loss of deeper meanings, contextualization, or cultural nuances in the data analysis. Third, in case study 2, participants seemed hesitant to provide negative feedback; thus, social desirability bias may be a challenge. It is critical that researchers establish trust, create safe spaces for constructive criticism, and consider collaborating with a trusted community member to collect data. Another important consideration involves the process of determining which data are featured in the data placemats. When researchers unilaterally decide what data to highlight, there is a potential risk of introducing bias – intentionally or unintentionally – based on their perspectives, priorities, or assumptions about what is most relevant. To mitigate this, engaging community partners early and meaningfully in the design phase of the data placemats can be beneficial. This includes collaboratively identifying which data should be included, how findings should be contextualized, and what questions are most important to address from the community's standpoint. Such co-creation ensures that the data placemats reflect shared priorities and enhance their relevance and impact.

Moreover, the nature and structure of the partnership can significantly shape how effectively the data placemats are used to inform action. When there is a formal partnership infrastructure, such as established agreements, governance structures, or ongoing collaborative mechanisms, the dissemination of findings through data placemats can go beyond information sharing. It can serve as a tool for shared interpretation, joint decision-making, and co-development of action plans that can benefit the community. In contrast, in more informal or ad hoc partnerships, the use of data placemats may still promote dialogue but may be limited in driving sustained or systematic change.

In Table 2, based on our experience, we offer recommendations for utilizing the data placemat method with immigrant and refugee populations.

Table 2. Recommendations for Application of the Data Placemat Method with Immigrant and Refugee Populations

Phase	Recommendations
<p>Phase 1: Design data placemats and plan a dissemination workshop</p>	<ul style="list-style-type: none"> ● Consider what information should be communicated to participants and how it should be presented, considering participants’ characteristics and requirements such as language, literacy, and formal educational levels. ● Anticipate potential obstacles to participation, such as childcare and transportation. ● Explore ways to integrate data placemats into pre-existing data collection plans. ● Engage community partners early in defining the purpose and scope of the data placemats and clarify partnership roles and expectations and make plans to address diverse needs effectively.

	<ul style="list-style-type: none"> ● Explore concise ways of presenting data that can be more easily understood by participants who struggle with reading.
Phase 2: Facilitate a dissemination workshop with data placemats	<ul style="list-style-type: none"> ● Consider ways to encourage participants to develop their own opinions before sharing the data. ● Consider employing an external evaluator with established community trust to present data placemats to avoid social desirability bias.
Phase 3: Incorporate the results from the workshop	<ul style="list-style-type: none"> ● Plan in advance how to incorporate the lessons learned from sharing the data placemats into the findings. ● (When possible) Develop follow-up action plans collaboratively with community partners to ensure that findings lead to concrete and mutually beneficial outcomes. ● Acknowledge and credit community partners in dissemination project (e.g., reports, presentations, manuscripts).

CONCLUSION

Disseminating findings and knowledge to all partners is one of the key principles of community-based research delineated in Israel’s seminal work (3). While sharing results in an accessible language and format is essential, there remains a gap in the literature regarding how community members, particularly underserved populations such as immigrants and refugees, can be meaningfully involved in data analysis and interpretation (15). This report addresses this gap by detailing the data placemat method and exploring its applications and potential as a research dissemination tool with immigrant and refugee populations. Utilizing the data placemat approach can help researchers organize and present data coherently and accessibly, providing community partners with a clear and concise summary of study results. Beyond serving as a dissemination tool, this method creates opportunities to validate findings by incorporating perspectives from

study participants and addressing potential ambiguities that may arise during the initial data analysis. Most importantly, this approach can foster shared ownership of knowledge, enhance mutual trust, and strengthen long-term, equitable relationships between researchers and communities.

STATEMENTS AND DECLARATIONS

Compliance with Ethical Standards

The Human Subjects Protection Program reviewed and approved the study described in Case Study #1 (IRB 2104716241). The Institutional Review Board approved the study described in Case Study #2 (21-009339). Prior to participating in the study, all participants in both studies provided informed consent. For Case Study #1, depending on the literacy level of the study participants, consent was either written or oral. For Case Study #2, consent was oral.

Competing Interests

The authors have no relevant financial or non-financial interests to disclose.

Funding

The study described in Case Study #1 was partially funded by the Research and Project Grants, Graduate and Professional Student Council (GPSC) and the first author is supported in part by National Institutes of Health T32 CA078447. The Case Study #2 research reported in this publication was supported by the National Institute on Minority Health And Health Disparities of the National Institutes of Health under Award Number P50MD017342. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Authors' contributions

The first and second authors contributed to the study's conception and design. The first author designed and conducted the study described in Case Study #1, and the second author conducted the study described in Case Study #2. The first draft of the manuscript was written by the first and second authors, and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

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Appendix 1. Examples of data placemats

In Case 1, the refugee maternal health study, a thematic analysis was conducted, identifying key themes such as maternal care experiences, perceptions and interactions with health care providers, attitudes toward hospital and prenatal care, language proficiency, and social support. Representative quotes for each theme were carefully selected. Each data placemat featured these key quotes alongside a concise summary and discussion questions designed to facilitate participant engagement during the data placemat workshop.

For mixed-method or quantitative studies, various charts or graphs that summarize the data can be presented in each data placemat along with discussion questions to facilitate engagement among participants.

Demographic information



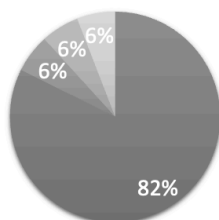
• Interviewed 17 women

- All of them had health insurance (AHCCCS)
- English level (very well=3, not well or not at all=14)

• 6 go-along interviews

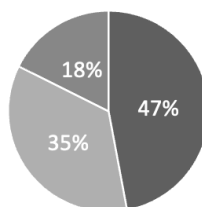
- Walmart
- Park
- Clinic
- Arabic store
- Community center

Occupation



■ Housewife ■ Part-time worker
■ Full-time worker ■ Student

Number of Participants



■ Afghan ■ Syrian ■ Iraqi

Maternal care experiences

“Their treatment was excellent. I really liked it. It was really good. I liked the treatments there. They were very respectful, and appointments were on time.”

- In general, the interviewed women seemed to be satisfied with the services and treatment they received.

Discussion questions: Do you agree with the results?

Perceptions toward hospital and prenatal care

“If they think that their health is good, they are not going (to the prenatal care).”

- Interviewed women generally recognized the importance of seeking prenatal care.
- However, some women mentioned that people only seek care when they are sick.

Discussion questions: Do you agree with the results? Would there be any difference between prenatal care and other preventive care – cancer screening, etc.?

Language proficiency

“I still don't feel able or comfortable plus, you know when you make an appointment for sickness or something, they ask why do we need to see your son today. You need to be specific and give the exact symptoms or so I don't feel I am at the level to tell them.”

- Despite their years in the United States, the majority of them were unable to communicate in English. One woman who has lived in the United States for over five years stated that she is still unable to make appointments on her own.

Discussion questions: What do you think about the results? Do you think language barriers influence the access to health care in general?

Case Study #2: Example Data Placemats from Somali Discussion

Summarized Data (English)	Summarized Data (Somali)
<p>Motivators</p> <ul style="list-style-type: none"> • Motivating each other and learning to be healthier individuals, families, and community <ul style="list-style-type: none"> ○ Preventing chronic diseases like diabetes ○ Losing weight or helping others lose weight • Positive results from the pilot study motivated people to participate again 	<p>Dhiirigeliyeyasha</p> <ul style="list-style-type: none"> • Way is dhiirageliyaan, waxayna isku dhiirageliyaan inay bartaan siday ku noqon lahaayeen shaqsiyaad, qoysas, iyo bulsho caafimaad qabaan. <ul style="list-style-type: none"> ○ Waxay ka hortagaan cudurada qotada dheer sida sokorowga (kaadi macaanka) ○ Hilibka iska rida ama dadka kale ku caawiya siday hilibka iskaga ridi lahaayeen. • Natijoooyinkii wanaagsanaa ee daraasadda waxay sababeen inay dadku ay mar kale ka qaybqaataan
<ul style="list-style-type: none"> • Skills/Traits/Abilities <ul style="list-style-type: none"> ○ Committed (3) ○ Understands and meets expectations (3) ○ Experience working in the community (2) ○ Good communicator (2) ○ Advocate ○ Believes obesity is a health issue ○ Education – high school diploma vs. doesn't matter ○ Energized ○ Flexible ○ Good listener ○ Good sense of humor ○ Patient ○ Problem solver ○ Punctual ○ Recruits social network members who are committed ○ Respects cultural boundaries around weight ○ Team player ○ Trustworthy 	<p>Xirfadaha/Astaamaha/Kartida</p> <ul style="list-style-type: none"> ○ U hoggaansan (3) ○ Fahma oo buuxiya sharuudaha layska rabo (3) ○ Khibrad u leh la shaqaynta bulshada (2) ○ Isgaarsiye Wanaagsan (2) ○ Bulshadiis U Doode ○ Aaminsan in cayilku yahay dhibaato caafimaad ○ Waxbarashada - Shahaado dugsi sare mise inaan loo baahnayn ○ Firfircoon ○ Xaalad cusub la qabsan kara ○ Dhagayste wanaagsan ○ Kaftanka dadka yaqaan ○ Samir badan ○ Dhibaato Xaliye ah ○ Waqti ku yimaada ballanta ○ Qora xubno u hoggaansan arrintan ○ Ixtiraama dhaqanka u yaala bulshada ee ku saabsan cayilka ○ Koox la shaqeeye ah

	<ul style="list-style-type: none"> ○ La aamini karo
<p>Things that make it easier to be a health promoter:</p> <ul style="list-style-type: none"> ○ When social networks: <ul style="list-style-type: none"> ▪ Meet at set times ▪ Do exercise and share ideas together ▪ Help each other ▪ Are comfortable discussing body weight ▪ Feel that our community is safe - few incidents of violence, no discrimination ▪ Participated in the HIC pilot ○ Participants who are: <ul style="list-style-type: none"> ▪ Cooperative ▪ Understanding ▪ Working to improve their health ▪ Committed ▪ United ▪ Respectful of elders ▪ People you've known a long time ○ HIC is free 	<p>Waxyaabaha fududeeya in la noqdo caafimaad baraarujiye</p> <ul style="list-style-type: none"> ○ Markii ay shabakadda bulshada: <ul style="list-style-type: none"> ▪ Ay kulmaan waqti la cayimay ▪ Isla jimicsadaan oo ayna fikrado iswaydaarsadaan ▪ Is caawiyaan ▪ Ay waxba ka qabin inay ka wada hadlaan cayilka ▪ Ay dareensanyihiin in bulshadeenu ay tahay mid ammaan leh sida dhacdada rabshada oo yar iyo takoorid la'aanta. ▪ Waxay kaqaybgaleen daraasaddii ugu horeysay ee HIC ○ Kaqaybgalayaasha waxay yihiin: <ul style="list-style-type: none"> ▪ Wada shaqeeyeyaal ▪ Wax garad ah ▪ Ka shaqeeya hore-umarinta caafimaadkooda ▪ U hoggaansan ▪ Midaysan ▪ Dadka waaweyn ixtiraama ▪ Dadka aad taqaanay waqti dheer ○ HIC waa bilaash
<p>Things that make it harder to be a health promoter:</p> <ul style="list-style-type: none"> ▪ Persuading participants to change eating and cooking habits 	<p>Waxyaabaha adkeeya in la noqdo caafimaad baraarujiye</p> <ul style="list-style-type: none"> ▪ Inaad ka dhaadhiciso in ka qaybqaatayaashu ay beddelaan

<ul style="list-style-type: none"> ▪ Winter weather limits physical activity and driving ▪ Scheduling ▪ No access to an affordable gym with women-only exercise spaces ▪ Accompanying participants on errands to gain trust ▪ Preventing people outside the study from participating in your social network activities ▪ Commitment ▪ Transportation ▪ Incidents of violence against Somali individuals ▪ Unexpected circumstances (e.g., illness or hospitalization) 	<p>habkii ay cunto u cuni jireen ama u karsan jireen</p> <ul style="list-style-type: none"> ▪ Cimillada qaboowga waxay xaddiddaa jimicsiga jirka iyo baabuur wadidda ▪ Jadwal samaynta ▪ Ma laha jiim qiimo macquul ah oo dumarka oo leh qayb dumarka kaliya u go'an ▪ U raacidda ka qaybqaatayaashu markay adeeganayaan si kalsoonidooda loo hanto ▪ Ka hortagidda dadka ka baxsan ka qaybqaadashada daraasaddan inay ka qaybqaataan howlaha daraasaddan ku saabsan ▪ U hoggaansan ▪ Gaadiidka ▪ Dhacdooyinka shaqsiyaadka Soomaalida oo dagaalka lagu soo qaado ▪ Xaalado aan la filanaynin (sida jirro ama isbitaal gelid)
<p>Hoped to Gain/Did gain</p> <ul style="list-style-type: none"> ○ Being more conscious about my eating and exercise habits ○ Supporting others to be more conscious about eating and exercise habits ○ Losing weight 	<p>Waxa la rajaynayay in la helo amaba in la helay</p> <ul style="list-style-type: none"> ○ In loo baraarugsanaado caadooyinka cunto cunidda iyo jimicsiga jirka ○ In si dheeraad ah layskugu taageero caadooyinka cunto cunidda iyo jimicsiga jirka ○ Hilib iska rididda