Culturally Grounded Evaluation

Innovative methods from the Champions4Change workshops

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Acknowledgement of Country

We acknowledge the Larrakia people, the traditional custodians of the land on which we meet.

We pay our respects to Larrakia Elders past and present, and extend that respect to all Aboriginal and Torres Strait Islander peoples here today.

We also acknowledge Champions and all the different Countries they represent and connect with us from, and their courage to share their lived experiences of rheumatic fever and rheumatic heart disease.



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Who we are

Tennele Shields

Senior Project Officer - First Nations Heart Health
Nyikina mob

Culturally responsive relationships: investing in building positive relationships with Champions long before the workshop.

Sunet Jordaan

Senior Evaluation Lead

Evaluation design, adapted to fit the room - rather than asking the room to fit the design.

Co-design and co-delivery is part of the method.

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Champions4Change

First Nations-led, lived experience at the centre

Champion4Change is a First Nations-led national program bring together people with lived experiences of acute rheumatic fever (ARF) and rheumatic heart disease (RHD), including carers to help:

- Raise awareness
- Improve care
- Create change for our mob

RHD affects more First Nations people than other people in Australia. Champions are working together to change that.



The 2025 workshop

Three days, on Country, together

3
days

9
Champions

2
states and territories

Champions came from across the Northern Territory and South Australia:

- Increase knowledge on ARF and RHD
- Storytelling
- Leadership
- Cultural connection.

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What we needed to know

Three questions

1. **Knowledge**

   Did understanding of Strep A, ARF and RHD improve?

2. **Confidence**

   Do Champions feel ready to use their lived experience in public?

3. **Experience**

   What worked, and what should we change next time?

The obvious tool would have failed

Why we did not hand out a survey

- English is a second, third or fourth language for many Champions.
- Forms carry the weight of institutions that have surveyed First Nations people for generations.
- A five-point scale cannot hold a story about your own heart.
- Written self-report rewards the confident, not the honest.

Evaluation adapts to the cultural context.

Not the other way around.



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Method one: yarning

One question, asked in a circle

Day 1, before any training:

“What do you know about RHD - how would you explain it to someone?”

Same question, Day 3:

Facilitators wrote down what was said.

No forms, no scores, no one reading alone.



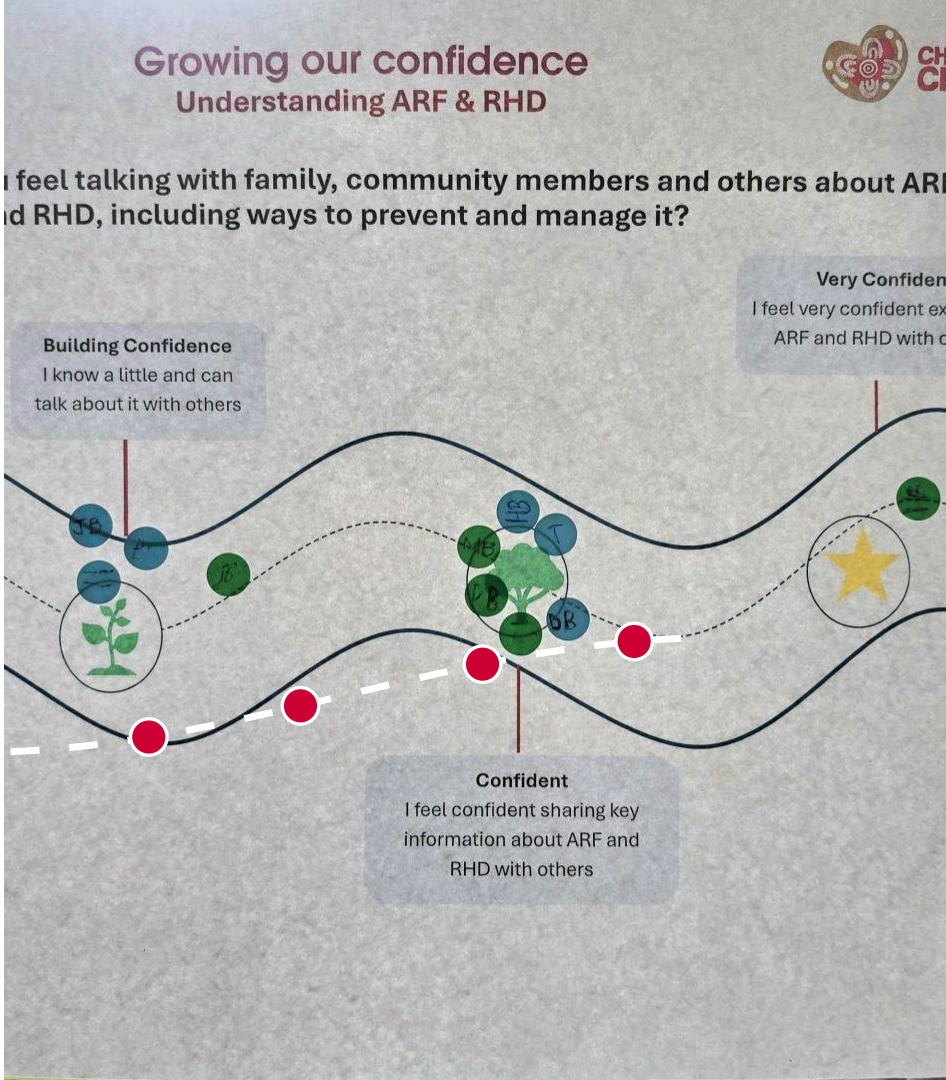
Method two: the road journey

Visual self-assessment, no numbers required

Day 1, and again on Day 3

Champions placed themselves on a road:

“How confident do you feel right now to use your lived experience to talk about ending RHD?”



Method three: group storytelling

Reflection as a shared act

Day 3, in a yarning circle:

How are you feeling about this workshop?

What is one thing you learned, or liked most?

What could we improve next time?

Champions built on each other's answers - something a survey structurally prevents.



Relationships matter: The method is only half of it.

First Nations facilitators who already knew Champions asked the questions.

Trust is a data collection instrument.



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What we heard: knowledge

Same question, day 1 and day 3

DAY 1

Strep A, from a sore throat or skin sores

Strep A germs spread more easily in crowded living environments, which can increase the risk of ARF.

Untreated Strep A infections can lead to acute rheumatic fever (ARF), which can damage the heart valves and cause rheumatic heart disease (RHD).

A solid working understanding.

DAY 3

Deeper understanding, by every Champion

Clarity on treatment and on valves

RHD cannot be passed to your children

And a plan for taking it home.

“A lot of eye openers and new things I learnt. Grateful for everyone sharing their lived experiences, being open and vulnerable… I learnt RHD can’t be passed on.”

David, Champion



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What we heard: confidence

Everyone moved along the road

Every Champion moved forward. Some a little, some a long way.

The road gave us distance travelled, not a score.

> *“I feel more confident to go back to work and share knowledge with GPs and nurses.”*
>
> **Justine, Champion**



What we heard: experience

And what to change next time

The heart dissection was the standout - most had never seen inside a heart, or what a valve looks like.

Connection with other Champions came a close second.

And they told us what to change: shorter days, earlier in the year, more time together off-site.



What a survey would have missed

A SURVEY WOULD HAVE SAID

“Confidence increased.”

A number on a page.

Same finding.

Completely different evidence.

YARNING TOLD US WHY

Seeing a real valve made the disease make sense.

The relief of learning you cannot pass it to your children.

Finally asking a question you never felt safe asking a doctor.

Hearing another Champion say it out loud first.

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Accessible by design

Cultural safety and accessibility were the same design choice

- The road you travelled needs no English literacy.
- Speaking trumps writing when English is not your first language.
- Group reflection lets quieter people join at their own pace.
- Nothing needed translating, because nothing needed reading.

Evaluation that hands over the pen

Making space for lived experience leadership

Champions did not just supply data.

Their reflections are setting the direction of the program, our resources, and the workshop itself.

IN 2026 WE WENT FURTHER

A reflection wall Champions return to

Confidence maps at every session

Outcomes the Champions helped define

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THANK YOU · TENNELE SHIELDS & SUNET JORDAAN, HEART FOUNDATION

Take three things with you

1. Ask in the way people already talk.
2. Let people point, not score.
3. The person asking is part of the method.



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