



2025 South East Queensland First Nations Health Equity Conference

Knowledge & Data Sharing for Better First Nations Health Outcomes

Workshop summary

The Expanding Shared Workforce Opportunities workshop was held on 24 October 2025: day two of the SEQ First Nations Health Equity In Action Conference, 2025.

The workshop was facilitated by Wayne AhBoo, CEO IUIH, and Cindy Shannon, Board Chair, Gold Coast Health.



Workshop purpose

The purpose of this workshop was to share progress and opportunities for Aboriginal and Torres Strait Islander knowledge and data sharing in SEQ that supports health equity and respects and honours Aboriginal and Torres Strait Islander knowledge custodianship.

Workshop attendees

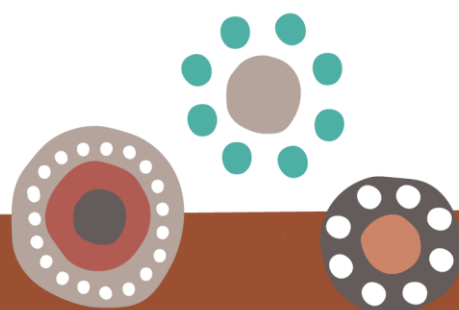
Approximately 50 people attended the workshop with representatives from the SEQ First Nations Health Equity partners and the Queensland Department of Health.

What we heard

Participants discussed a vision for First Nations data custodianship, reflected on progress to date, heard about research projects underway, and considered future opportunities presented through partnership and technology. Key themes of the table yarns included:

Community Engagement, and Governance “nothing about us without us”	Consent, Trust, and Cultural Safety “even de-identified data can feel personal”
• Need for community-led governance: which requires continuous engagement, feedback loops, and shared decision-making. • Community must shape what data is collected, how it’s stored, and how it’s used, and privacy, de-identification, ownership, and cultural intellectual property.	• Consent is a relational, and ongoing, two-way exchange with different “trust layers” (researchers, intermediaries, frontline). • Need for clear, accessible, jargon-free consent processes (e.g., yarn cards) for different audience (e.g., Elders, youth, people in custodial settings)

Value, Relevance, and Purpose of Data “measure what you treasure”	Research: Access, Ethics, and Translation
- Need to capture narrative, qualitative, and cultural data, not just quantitative metrics required by funders. - Context matters: the same metric has different meaning across settings (e.g., prison vs. clinic). - Data must be relevant and useful to people collecting it; frontline staff won’t collect if it doesn’t support practice. - Collect only what’s needed; refine scope to purpose, not possibility.	- Call for shared approach to ethics, research, and education, with community at the centre. - Barriers exist around research access, ethics, and large-scale data requests. - Opportunities for shared results and joint evaluation. - Need to translate research into practice and make findings accessible. - Linked data is essential for evidence-based advocacy for funding and legislative change.
Role and Potential of AI and Technology	Training and Development
- AI seen as an opportunity but must remain a support tool, never the authority. - AI can support data integration, analytics, storytelling dashboards, remote care and monitoring. - Must ensure bias awareness, cultural context, and human oversight.	- Develop training in culturally safe data collection, consent conversations, using dashboards and portals, understanding community-defined outcomes - Support frontline staff with fit-for-purpose, intuitive tools and dedicated roles (e.g., link workers, data liaison officers).
Use case for a shared SEQ FNHE data portal	
- Need for shared portals, interoperability, and better linkage—the biggest challenge is linking patients across systems. - Need for whole-of-system integration of clinical, community, and social determinants data. - Desire for one source of truth or at least consistent, high-quality data across organisations. - Importance of timely, accurate data for decision-making and care coordination. - Data should help shift from transactional services to holistic, patient-journey approaches. - Data in the portal could be used to identify service gaps, redesign services, journey mapping, demand modelling and tailor delivery for specific populations and purposes (e.g., prevention). - Portal needs to be supported by clear processes for turning insights into action, ensuring portal use leads to real service changes.	



Strengthen pathways for research partnership and research translation, making findings visible and useful for frontline teams and communities.

Explore opportunities to scale data linkage projects across the SEQ FNHE partners, and prioritise patient linking across systems, reducing repeated information requests and improving safety.

Continue share data and explore a shared regional data portal with consistent data definitions, secure access levels, and culturally governed use, and ensure the system captures quantitative and narrative data.

We thank the following people for presenting at this workshop:

- Shea Spierings, Director, UIIH Network Knowledge & Research Centre
- Dawn Schofield, Executive Director, Strategy and Partnerships, UIIH
- Alyson Ross, Digital Insights and Performance, Gold Coast PHN
- Lyle Turner, Data & Health Information Services Manager, UIIH
- Jen Setchell, Manager, UIIH Network Knowledge & Research Centre

On behalf of the SEQ First Nations Health Equity Governance Committee, we thank all participants in this workshop. Your contribution has invaluable as we **move forward together, with energy, optimism, and intent** to achieve health equity for Aboriginal and Torres Strait Islander people in South East Queensland.

